



Santa Cruz SPCA Volunteer Application

Today's date: _____

Name _____ Phone(s) _____

Address _____

DL#/DOB _____

E-mail address _____

Emergency Contact (name & phone #) _____

Where do you work/study now? _____

If we need to contact you, can we call you at work? _____ Phone# _____

.....
Previous Volunteer Experience _____

What did you enjoy most and least about your last (or current) job/volunteer position? _____

Is there a particular type of volunteer work that interests you? _____

Do you have any special talents or skills you'd like to use in volunteering? _____

Are there any restrictions that may limit your ability to volunteer regularly (family, health, transportation, school, etc.)? If so, please explain _____

When are you available to volunteer (during the week, weekends)? _____

What are your thoughts about spaying and neutering animals? _____

Please describe any education or experience you have with animal care _____

Please tell us about any companion animals in your life _____

Santa Cruz SPCA Volunteer Agreement

I hereby agree that if I am accepted as a volunteer worker for the Santa Cruz SPCA (the "SPCA"); I agree to comply with all of the rules and regulations which may be established from time to time by the SPCA. I understand that failure to comply with the rules and regulations of the SPCA may result in my immediate termination as a volunteer.

I understand and agree that if accepted as a volunteer, all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind, that I will not be an employee of the SPCA nor otherwise receive any health, disability or Workers Compensation insurance or any other benefits normally available to employees of the SPCA. I will not be reimbursed for expenses unless pre-approved by the SPCA's Executive Director in writing.

I acknowledge that in handling animals and performing other volunteer tasks there can be physical risks, and that all services performed by me will be done solely at my own risk and expense. Therefore, in consideration of being permitted to serve as a volunteer, I hereby release, discharge, indemnify and hold harmless the SPCA and its assigns, successors, agents, staff, officers, board of directors, employees, contractors, and representatives from any and all claims of any nature of cause and under any theories whatsoever relating to my volunteering with the SPCA, whether or not arising out of the negligence or other wrongful conduct of the SPCA or any other parties. I will at all times refrain from engaging in any work which I am not physically capable of performing or which poses a degree of risk that I do not wish to assume.

I understand that public relations are an important part of volunteering with the SPCA. On behalf of myself, my heirs and personal representatives, if accepted as a volunteer, I give the SPCA permission to use and publish photographs taken of me as a volunteer for use in its public relations efforts.

Unless this Agreement is signed by my legal guardian below, I represent and warrant that I am over the age of 18 years. This Agreement is the entire agreement between myself and the SPCA and may not be modified except in a writing signed by the SPCA's Executive Director. The provisions of this Agreement are binding upon me and my heirs, assigns and successors in interest. If any provision of this Agreement is held to be invalid or unenforceable by a court of competent jurisdiction, such provision will be deemed modified to eliminate the invalid portion and as so modified will be deemed a part of this Agreement as though originally included herein. This Agreement is subject to California law and has been entered into and fully performed in Santa Cruz, California.

DATE: _____

PRINT NAME

SIGNATURE (If you are the Volunteer's Legal Guardian,
please print the Volunteer's name here): _____

ADDRESS

PHONE NUMBER

EMERGENCY CONTACT/PHONE: _____

For DL PHOTO