|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Card Made: |  |
|  |  |
|  | **TOUCHED BY A PAW VOLUNTEER APPLICATION** |
| Full Name: |  |  | Date of Birth: |  |
| Address: |  |
| Cell Phone: |  |  | Home phone: |  |  |
| Emergency Contact: |  |  | Phone: |  |
| Email: |  |
| Check all that apply: |  |
|  | □ | College student |
|  | □ | High School student (must be 15 years old) |
|  | □ | Employed: |
|  | □ | Full time |
|  | □ | Part time |
| If employed, what is your work schedule: | □ | days | □ | nights | □ | weekends | □ | Other: |  |
|  | □ | Retired |
|  | □ | Stay-at-home parent |
| **On which shift(s) can you volunteer every week? (Please check all that apply)** |  |
| Sundays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Mondays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Tuesdays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Wednesdays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Thursdays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Fridays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Saturdays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
|  |  | **What other day(s) could you do in an emergency? (check all that apply)** |
| Sundays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Mondays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Tuesdays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Wednesdays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Thursdays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Fridays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| Saturdays | □ | 8:30am-10:30am | □ | 4:00pm-6:00pm |
| **Volunteer Agreement and Release** |
|  | 1. | Touched By A Paw is a non-profit corporation dedicated to the care and humane treatment of cats. |
|  |  |  |
|  | 2. | Volunteer is an adult who resides at the address shown below and is fully competent. If volunteer is a |
|  |  | minor, the person signing this document is their legally recognized parent or guardian and is fully  |
|  |  | competent. |
|  |  |  |
|  | 3. | Volunteer wishes to participate in a volunteer program with TBAP to provide care for animals, including |
|  |  | those who are injured or sick, and may provide temporary housing for cats or their litters.  |
|  |  |  |
|  | 4. | Parties recognize that animals may carry diseases and may, with or without provocation, cause injury or |
|  |  | damage to persons or property. |
|  |  |  |
|  | 5. | The parties agree that although care is taken not to involve sick, viscous or destructive animals in the |
|  |  | volunteer program, that an animal with these or other undesirable attributes may become involved in the |
|  |  | volunteer program. |
|  |  |  |
|  | 6. | The parties desire to avoid lawsuits with respect to liability for injuries or damages caused by animals in |
|  |  | the volunteer program. |
|  |  |  |
|  | 7. | The parties freely and voluntarily enter into this agreement. |
|  |  |  |
| **Agreements and Release** |
|  |  | Now and therefore, in consideration of being permitted to participate in the volunteer program and in |
|  | consideration of the mutual promises of the parties, the Volunteer and/or their parent or guardian makes the |
|  | following commitments: |
|  |  |  |
|  | 1. | Volunteer agrees to serve without compensation for such period or periods as are mutually agreed upon |
|  |  | by the parties. |
|  |  |  |
|  | 2. | Volunteer and/or their parent or guardian assumes responsibility for all risks of loss or damage or injuries |
|  |  | that may be suffered by the volunteer, his/her spouse, legal representatives, heirs and assigns, or to  |
|  |  | property owned by Volunteer or in his/her custody in the course of activities on behalf of TBAP from any |
|  |  | cause, including but not limited to ordinary negligence attributed to or which might be attributed to TBAP |
|  |  | or any of its agents, directors, officers, or other volunteer worker sustained or suffered at any premises |
|  |  | under the control of TBAP, or when en route to or from such places or premises. |
|  |  |  |
|  | 3. | Volunteer and/or their parent or guardian hereby releases, discharges and indemnifies TBAP and its agents, |
|  |  | directors, officers and volunteer workers of and from and in respect to any and all claims, actions and rights |
|  |  | of causes of action, present or future, whether known, anticipated or unanticipated, on account of any |
|  |  | personal injury, including death, or loss of, or damage to any property, suffered or sustained by Volunteer, |
|  |  | spouse, parents, legal representatives, heirs, or assigns from any cause incident to or arising out of, during, |
|  |  | or in connection with Volunteer's performance of Volunteer's services at the place or places and in the  |
|  |  | performance of activities as are described in this agreement. |
|  |  |  |
|  | 4. | The representation, condition, and commitments contained in this instrument shall be binding upon |
|  |  | volunteer's parents, heirs, legal representatives and assigns. |
|  | 5. | This agreement contains the entire agreement between the parties hereto and the terms are contractual |
|  |  | and not a mere recital. |
|  |  |  |
|  | 6. | Volunteer and/or their parents or guardian further states that he/she has carefully read the forgoing |
|  |  | releases and know the contents thereof and signs this release freely and voluntarily. |
|  |  |  |
|  | In witness whereof, Volunteer and/or his/her parent(s) or guardian has executed this release on this |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. |
|  |  |  |
|  |  |  |  |
|  | Volunteer |  | Witness |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Parent or Guardian (if minor) |  | Phone Number |
|  |  |  |  |
|  |  |  |  |
|  | Address |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Accepted: |  |  |
|  | TBAP Representative: |  |  |

Drafted: 2024/08/06

**Please Tear Off and Keep This Page for Your Reference**

**A few reminders for volunteers:**

* The first thing you should do when you walk into the shelter is wash your hands. Use hand sanitizer or hand wipes between petting cats. The more often you wash your hands, the healthier the cats stay.
* When you come to the shelter, park your car in the back, not on Main Street, and enter and exit through the back door. The store, Reflections of the Past is not always open, and the door is often locked.
* Please sign up on the calendar at least once per week before your shift so we don't have to call—phone calls add up and cost the shelter money.
* If you can't make it, you must call:

 1) Deb at 262-391-4997; or

 2) Shelter at 262-473-4769

 Please call as soon as you know you can't make it so we have time to find a replacement. When you call at the last minute, it's impossible to find someone to take your place and everyone else has to work extra time to carry the load you left for us.

* Read all the signs and listen to your supervisor. Cats are living creatures, and they get sick and have special needs which must be followed for their health and well-being.

Email your completed application to us at:

tbapcats@sbcglobal.net

or drop off at:

Reflections of The Past

182 W Main St

Whitewater WI 53190

dated 08/06/24