



FCNMHP Volunteer Application

Please return this form in one of two ways:

volunteer@fcnmp.org — 6817 Norwood Ave., Jacksonville, FL 32208

Last Name: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Why are you interested in volunteering? _____

Is this court-ordered community service? No Yes

Have you ever pleaded “nolo contendere” to or been convicted or found guilty of a first-degree misdemeanor or a felony. No Yes If yes, please give date, nature of offense & disposition. _____

Note: A criminal record will not necessarily bar an applicant, however, will be considered as it relates to specifics of the role you have shown interest.

Please indicate areas of interest:

Events Thrift Store Clinic Mega Adoption Events Pet Food Bank Office

PLEASE READ & SIGN VOLUNTEER RELEASE

*I hereby agree to accept a position as a volunteer for First Coast No More Homeless Pets, Inc. (hereinafter referred to as FCNMHP), and in so doing, I agree to comply with all the policies, rules, and regulations which may be established from time to time by FCNMHP. I understand that failure to do so may result in my immediate termination as a volunteer. *I acknowledge my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of FCNMHP, all services to be performed by me at my own risk. *I am aware that in handling animals there exists a risk of injury including personal physical harm. I hereby release, discharge, indemnify and hold harmless FCNMHP, its agents, servants and employees from any and all claims, causes of actions or demands, of any nature or cause connected with my Volunteer Agreement. *I understand public relations are an important part of volunteering with FCNMHP. I, therefore, agree on behalf of myself, my heirs, personal representatives and executors to allow FCNMHP to use any photographs taken of me for use in public relations efforts. You may be notified if a photo is used but more then likely you will not be due to the fast paced nature of FCNMHP activities.

Printed Name Signature Date

***PARENTAL CONSENT, MEDICAL WAIVER & INDEMNITY AGREEMENT (IF UNDER 18 YEARS OF AGE)**

I, _____ (Name), warrant that I am the parent or guardian having legal custody of _____ (Name of Minor), born on _____ (D/O/B).

In consideration for the acceptance of my child’s registration as a volunteer for FCNMHP, and with the understanding that my child’s participation is only on condition that I enter into this agreement, I hereby assume the risks involved. I expressly assume the risk of, and accept full responsibility for any and all injuries, that may occur as a result of my child’s participation and release from liability – FCNMHP and any of their officers, directors, agents, representatives, vendors, sponsors, volunteers and employees. I hereby waive any claim I may have hereafter as a result of my child’s participation in volunteering and any other activities connected with their participation. I hereby agree to indemnify all claims, including attorney fees, and costs which may be brought against FCNMHP and any officers, directors, agents, representatives, vendors, sponsors, volunteers and employees by anyone claiming to have been injured as a result of my child’s volunteer activities.

Print Name of Parent/Guardian: _____ Phone: _____ Date: _____

Signature of Parent/Guardian: _____