



# First Coast No More Homeless Pets - **Volunteer Application**

Please return this form in one of two ways:

volunteer@fcmhp.org ♦ 6817 Norwood Ave., Jacksonville, FL 32208

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Is this court-ordered community service?  Yes  No      Desired volunteer location?  Norwood  Cassat

Have you ever pleaded “nolo contendere” to, been convicted of, or found guilty of a first-degree misdemeanor or a felony?

Yes  No      If yes, please give date, nature of offense and 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:

Clinic    Maintenance/Laundry    Office    Kennel/Surgery    Transport    Special Events

### **VOLUNTEER AGREEMENT AND RELEASE**

My services are provided strictly in a voluntary capacity as a volunteer and without any express or implied promise of salary, compensation or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, worker’s compensation accrual in any form, vacations or sick time. I will familiarize myself and comply with First Coast No More Homeless Pets (FCNMHP) policies and procedures applicable to volunteers. In particular, I fully understand that FCNMHP expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a volunteer. I understand that FCNMHP, without notice or hearing, may terminate my services as a volunteer at any time, with or without reason. I understand that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless First Coast No More Homeless Pets and its board members, directors, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities. Understanding that public relations is an important part of a volunteer’s activities, I hereby authorize FCNMHP to use any photographs of me in its possession for public relations purposes. I ask that FCNMHP use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purposes. **If between the age of 14 and 17 I will have my parent or guardian volunteer along side of me. (Parent or Guardian application must be submitted at the same time)**

Printed Name

Signature

Date

### **PARENT OR LEGAL GUARDIAN OVER THE AGE OF 21**

**(OF VOLUNTEERS 17 AND YOUNGER, MINIMUM AGE 14)**

As a parent or legal guardian of the above-named volunteer, I hereby give consent for my child or ward, as the case may be, to become a volunteer for First Coast No More Homeless Pets as described in the above Volunteer Agreement and Release and, by the signature below, join in and agree to be bound by the terms and conditions of the above Volunteer Agreement and Release.

Parent or Guardian’s Printed Name

Signature

Date