



# FIRST COAST NO MORE HOMELESS PETS - VOLUNTEER APPLICATION

The mission of First Coast No More Homeless Pets is to make veterinary care affordable and accessible to all as we save lives by keeping dogs and cats in homes and out of shelters.



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

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

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

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

Tell us Why You Love Animals: \_\_\_\_\_

### HOW WOULD YOU LIKE TO HELP

I love:  Dogs  Cats  Both

Preferred Location:  Where Help is Needed Most  Norwood  Cassat



### WHAT KIND OF VOLUNTEER WORK WOULD YOU LIKE TO DO

- Clinic Support
- Maintenance, Laundry
- Office Support
- Phone Bank
- Mega Adoption Event
- Finance
- Fundraising
- Pet Food Bank
- Feral and Community Cat Care
  - Trapping
  - Transport
  - Kitten Fostering



### SKILLS YOU POSSESS

- Communication
- Finance
- Fundraising
- CDL License
- Public Speaking

Computer Skills:  Advanced  Skilled  Functional

Is this court-ordered community service?  Yes  No

Have you ever been convicted of 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.

**FCNMHP Volunteer Manager:** Betsy Penisten | (904) 520.7911 | [epenisten@fcmhp.org](mailto:epenisten@fcmhp.org)

**Signatures Required - Next Page Please...**



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Please return this form in one of three ways:

Submit electronically | Email to [epenisten@fcmhnp.org](mailto:epenisten@fcmhnp.org) | Mail to 6817 Norwood Ave., Jacksonville, FL 32208

## VOLUNTEER RELEASE, WAIVER AND CONFIDENTIALITY AGREEMENT

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, even if the result of FCNMHP's (or its employees' and agents') negligence or otherwise. I understand that my participation as a volunteer involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating as a volunteer with knowledge of the danger involved and I agree to accept all risks of participation.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the volunteering take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that FCNMHP has not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if I am under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation.

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.

I, the volunteer, do hereby understand and acknowledge that during my tenure as a volunteer with FCNMHP, I may have access to Confidential Information not generally known to the public concerning the business of FCNMHP. I, the volunteer, do hereby agree that during my tenure as a volunteer with FCNMHP and all times thereafter, I will hold FCNMHP Confidential Information in strict confidence, and will not disclose or use such information outside of the scope of my volunteer service with FCNMHP, or without FCNMHP'S prior authorization. For purposes of this Agreement, "Confidential Information" includes, but is not limited to, information regarding projects and potential projects, organizational practices, donors and potential donors, methodologies, management philosophy, and information concerning FCNMHP employees and volunteers. I, the volunteer, further agree and understand that I will immediately return all FCNMHP Confidential Information at the end of my tenure as a volunteer, or whenever requested by FCNMHP.

If between the age of 14-15 I will have my parent or guardian volunteer along side of me. (Parent or Guardian application must be submitted at the same time) 16-17 year olds must have their Volunteer Application signed by a parent.

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/Guardian's Printed Name

Signature

Date

Parent's Email Address: \_\_\_\_\_

*Thank You!*