## **Volunteer Application**



## **Gray Angels Inc**2430 Shadowlawn Dr., STE 12 Naples, FL 34112 (239) 793-6000

A 501(c)3, not-for-profit corporation

Gray Angels Inc is dedicated to rescuing, rehabbing and re-homing special needs animals, such as elderly animals and those with physical disabilities, health issues or injuries as well as providing hospice care. We believe no animal should die in a shelter. We believe in adoption, not breeding and buying of animals. We believe all animals should die with dignity, not pain and suffering. We believe in assisting animal owners in any way we are able.

Why volunteer? We are a completely volunteer-run organization. There are a number of ways you can help, including animal socializing and care, cleaning, foster care, education, adoption assistance, special events, transportation and more. Volunteers must be age 12 or older. Children ages 12 to 15 must volunteer with a parent/guardian who supervises them at all times. Volunteers must agree to a background check. This is a no-smoking, drug— and alcohol-free facility.

Please complete the following application and return to 2430 Shadowlawn Dr. STE 12, Naples, FL 34112.

| Date:                            |                            |                     |         |  |
|----------------------------------|----------------------------|---------------------|---------|--|
| Name (first & last):             |                            | DOB:                |         |  |
| Address:                         |                            | City:               | Zip:    |  |
| Mobile Phone:                    |                            | Alternate Phone:    |         |  |
| Previous volunteer work:         |                            |                     |         |  |
| Why do you want to volum         | nteer at Gray Angels Inc?  |                     |         |  |
| Do you own any pets? Do          | ogs: Cats: S               | payed/Neutered?   Y | ES 🗆 NO |  |
| Describe your experience         | with animals:              |                     |         |  |
| Are you willing to allow u       | s to do a background check | ? □ YES □ NO        |         |  |
| Emergency Contact: Mobile phone: |                            |                     | one:    |  |
| Which volunteer areas into       | erest you:                 |                     |         |  |
| ☐ Shelter maintenance            | ☐ Transportation           | ☐ Special Events    |         |  |
| ☐ Fundraising                    | ☐ Adoption assistance      | □ Other:            |         |  |



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## Waiver and Release of Liability, Indemnification and Hold Harmless Agreement

This waiver and release of liability, indemnification and hold harmless agreement is between the Volunteer and Gray Angels Inc, 2430 Shadowlawn Dr. STE 12, Naples, FL 34112 and its directors, officers, members, employees, agents, assigns, legal representatives and successors. I understand that while volunteering at the rescue I may be exposed to filth, loud noises, cleaning chemicals, parasites and zoonoses, along with the risk of being bitten, bumped/bruised or scratched by an animal. As a volunteer that is 18 years old and older, I hereby understand and agree to the following: I agree to WAIVE and RELEASE Gray Angels Inc from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person and property, which has been or may be sustained as a direct or indirect consequence of the Volunteer's volunteering at or for Gray Angels Inc and notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of Gray Angels Inc. I agree to INDEMNIFY and HOLD HARMLESS Gray Angels Inc for any costs or liabilities which they may incur as a result of my volunteering at or for Gray Angels Inc. I further consent to the use of Gray Angels Inc and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recordings.

I acknowledge and agree that I have carefully read this Agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this Agreement. I understand that this Agreement is binding on me, my spouse, my executors, administrators, personal representatives and assigns and that this Agreement has important legal consequences.

| Signature of Volunteer:                                  | Date: |  |
|--|-------|--|
| Printed name of Volunteer:                               |       |  |
| Signature of Parent/Guardian (if under18 years old):     |       |  |
| Date:  |       |  |
| Printed name of Parent/Guardian (if under 18 years old): |       |  |

Note: A Volunteer Consent and Release Form must be completed by parents/guardians for volunteers under the age of 18.