

Thank you for offering to volunteer with Elder Paws Senior Dog Foundation. As a non-profit organization we rely completely on volunteers in our mission to keep senior dogs and their owners together. We are sure that you will find volunteering with us to be a rewarding and gratifying experience. We appreciate your support in making our community a better place for people and their pets!

Name:		
Address:		
City:		
Email:		
Home Phone:		
Cell Phone:		_
Employer:		
Best Number and Time to Ca	all:	
How did you hear about Elde	er Paws?	
What is your days and times	of availability?	

Are you currently doing any volunteer work or have you ever done any volunteer work for a non-profit? If so, when, who and for how long?

Please che	eck your area of volunteer interest(s):	
Weekly Phone Support Partner		
M	onthly Direct Support Partner	
Cr	eating flyers	
Cc	ommunity Outreach Events (1-2 a year)	
Fu	Indraising Planning Committee	
Fu	undraising Event Staffing	
Reference	es (Not a relative or household member)	
Name:		
Phone Nu	mber:	
Relationsh	nip:	
How long	known:	
Name:		
Phone Nu	mber:	
Relationsh	nip:	
How long	known:	



LIABILITY WAIVER

This document relieves **Elder Paws Senior Dog Foundation** and their Board of Directors, Chief Officer, Employees, Agents, Transporters and Volunteers, and anyone acting on behalf of **Elder Paws Senior Dog Foundation**, from liability resulting from interacting with any animal or human in the course of volunteering.

The undersigned understands and agrees that the behavior of animals is unpredictable and that, despite being under their owner's care, some animals are capable of inflicting serious personal injury. The undersigned acknowledges that while **Elder Paws Senior Dog Foundation** will take every reasonable precaution to minimize the potential of danger posed by the animals it works with, it is never possible to guarantee the temperament and/or behavior of any animal at all times and under all circumstances. Therefore the undersigned agrees to freely assume all risks involved in volunteering for **Elder Paws Senior Dog Foundation**.

I represent that I am over 18 years of age and acknowledge that I have read this agreement carefully and I fully understand its contents and implications. I am aware that this is a waiver and release of liability and indemnity agreement and that it is legal, binding and enforceable by law. I also represent that I will agree to abide by the volunteer responsibilities and duties as explained to me during my phone interview following receipt of my volunteer application by **Elder Paws Senior Dog Foundation**.

Signed this ______ day of ______, 20_____

Volunteer's Signature

Volunteer's Printed Name

Elder Paws Senior Dog Foundation Representative & Title