



**CONCERNED
CITIZENS**
Animal Rescue

Concerned Citizens Animal Rescue, Inc.
A 501(3)(c) CCAR
<https://concernedcitizensanimalrescue.org/>
info@concernedcitizensanimalrescue.org
(213) 797-0364

Volunteer Application

Date _____

"Volunteer" Name: _____

Address: _____

City: _____ ST ____ Zip _____

E-mail: _____ Phone: _____

Date of birth (you must be 18 to volunteer): _____

Please list two non-family references we can reach out to:

Name: _____ Phone: _____

E-mail: _____

Name: _____ Phone: _____

E-mail: _____

How did you hear about Concerned Citizens Animal Rescue (CCAR)?

Please tell us why you want to volunteer with CCAR

Have you worked with animals before? Please describe your experience with animals:

If you are bilingual, please list languages other than English you speak fluently: If you are bilingual, please list languages other than English you speak fluently:

How would you describe your dog handling skills:

- Beginner but eager to learn I have some experience but it's been awhile
- I have a lot of experience I have experience with difficult/challenging dogs

Do you have any special relevant skills you would like us to know about? (Check all that apply)

- Video/Photography Education and outreach Dog training
- Veterinary Computer skills Digital media/marketing
- Writing Fundraising experience Social or Legal work

Other:

Areas of interest: (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Transport | <input type="checkbox"/> Exercise/walks | <input type="checkbox"/> Socialization |
| <input type="checkbox"/> Video/photography | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Fostering |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Social media | <input type="checkbox"/> Website/design |
| <input type="checkbox"/> Grooming/bathing | <input type="checkbox"/> Legal | <input type="checkbox"/> Administrative |

Please indicate the days and times you are usually available to volunteer by writing your available time range next to each available day:

Monday_____ Tuesday_____ Wednesday_____ Thursday_____

Friday_____ Saturday_____ Sunday_____

If you have any physical or medical limitations that would limit the type of volunteer activities you can do, please describe: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ ST ____ Zip _____

E-mail: _____ Phone: _____

Indemnity Waiver, Release of Liability and Assumption of Risk

This Release and Waiver of Liability, executed by "Volunteer" releases Concerned Citizens Animal Rescue, Inc. ("CCAR"), a CCAR corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents. Volunteer desires to provide volunteer services for CCAR and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer's relationship with CCAR is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that CCAR will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to CCAR.

Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless CCAR and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to CCAR. I understand and acknowledge that this Release discharges CCAR from any liability or claim that I may have against CCAR with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to CCAR or occurring while I am providing volunteer services.

Insurance: Further I understand that CCAR does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of CCAR beyond what may be offered freely by CCAR in the event of injury or medical expenses incurred by me.

Medical Treatment: I hereby Release and forever discharge CCAR from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with CCAR.

Assumption of Risk: I understand that the activities include work that may be hazardous, including but not limited to, handling frightened animals, cleaning feces, urine and vomit, bites

and/or scratches, moving cages and crates, bending, stooping, lifting, walking dogs, transporting animals, transporting equipment and other activities involved in the handling of animals or setting up for events. I hereby expressly and specifically assume the risk of injury or harm in the activities and release CCAR from all liability of injury, illness, death or property damage or loss resulting from the activities directly or indirectly and shall forever hold harmless and indemnify CCAR from the same.

Photographic Release: I grant and convey to CCAR all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by CCAR in connection with my providing volunteer services to CCAR.

Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Volunteer Signature _____

Print Name _____ Date _____