



Shadow Cats TNR, Inc.

Volunteer Application

Applicants under the age of 18 must also have a separate application completed by a parent or legal guardian

First: _____ Middle: _____ Last: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Current Address: _____ City: _____ State: _____ Zip: _____

If less than 5 years at current address:

Previous Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: (if under 18 years of age, this person must be a parent or legal guardian)

First: _____ Middle: _____ Last: _____

Home Phone: _____ Cell Phone: _____

Volunteering and Areas of Interest:

Reason for wanting to volunteer? _____

Have you previously volunteered for *Shadow Cats TNR* (SCTNR) (formerly known as Best Friends in Harford County)? Yes No

Have you ever applied to adopt or foster from SCTNR before? Yes No

Are you affiliated with or do you belong to any other animal welfare organization? Yes No

If yes, which group(s)? _____

AREAS OF INTEREST (please check all that apply)

Trap-Neuter-Return Activities:

- Trapping: trap feral cats at local cat colonies
- Transport & Pickup: transport cats, food and/or supplies between clinics, vets, fosters, stores & events

Cat Care Activities:

- Foster Care: provide a temporary home for cats & kittens, helping to socialize them and get them ready for adoption (see separate Foster Application)
- Adoption Centers: assist with the daily care and socialization of cats at our adoption centers
- PetSmart of Abingdon
- PetSmart of Bel Air
- Cat Central in Bel Air: assist with daily cats awaiting spay, neuter, medical, foster homes, and/or assist with cleaning, disinfecting, and organization of cat equipment/supplies.

Other: _____

Other Activities:

- Events: assist at adoption/information events by educating the public about organizational activities and programs
- Fundraising: organize/participate in fundraising activities and events; assist with grant writing
- Social Media/Digital Content/Marketing: promote activities through social media platforms, research and create news articles for website, help create brochures and other marketing material.
- Digital Photography: take digital photographs that can be used to promote activities and/or adoptable cats
- Adoption Screening: help review and screen adoption applications
- Administrative Support: help with administrative activities (phone calls, emails, medical records, maintain documents/forms)

Special Skills:

- Vet Tech (or similar experience): administer medications, vaccines or treatments to cats in our care



Shadow Cats TNR, Inc.

Volunteer Agreement

Please read and sign. If accepted as a *Shadow Cats TNR* (SCTNR) volunteer, your initials and signature below indicate that you have read, understand, and will abide by the terms of this Volunteer Agreement.

_____ I will treat all animals and other volunteers with respect.

_____ I will abide by all SCTNR standard operating procedures and policies.

_____ I agree to be supervised as appropriate by SCTNR personnel and will report any problems that arise directly to the proper SCTNR representative.

_____ I understand the possible risk of transferring disease-causing microorganisms from SCTNR's foster homes, offsite adoption events, or cats/kittens from TNR procedures to my personal animals or vice versa, and must have current vaccinations for my home pets, as appropriate.

_____ I understand that there is a potential of being exposed to rabies from an unvaccinated or recently vaccinated animal. A Pre-Rabies vaccination be obtained at my personal expense if I feel that I may be at risk of exposure.

_____ I understand the potential safety risks of working with animals and may not bring friends or relatives with me while volunteering with SCTNR unless they have submitted a Volunteer Agreement and Waiver of Liability, or if prior arrangements have been made in advance with SCTNR personnel.

_____ I am current on my tetanus vaccination and covered by a personal health insurance plan.

_____ I authorize SCTNR representatives to seek emergency medical treatment for me in case of accident, injury, or illness.

_____ I agree to indemnify and hold harmless SCTNR, its officers, agents, and volunteers from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by SCTNR, its officers, agents, and volunteers. (I understand that as an animal rescue group, SCTNR cannot afford to be held liable for carelessness or neglect on my part.)

_____ If I fail to abide by the terms of this Volunteer Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by SCTNR personnel, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the discretion of SCTNR management.

By signing, I agree I have read and completed this application thoroughly and understand the Volunteer Agreement.

Signature: _____ Printed Name: _____ Date: _____

If under 18, signature of Parent/Legal Guardian:

Signature: _____ Printed Name: _____ Date: _____

Relationship: _____

SCTNR Rep. Signature: _____ Printed Name: _____ Date: _____



Shadow Cats TNR, Inc.

Volunteer Waiver and Release of Liability

DATE: _____	DATE OF BIRTH: _____	
NAME: _____	CELL PHONE: _____	
ADDRESS: _____	HOME PHONE: _____	
_____	WORK PHONE: _____	
CITY: _____	STATE: _____	ZIP: _____
EMAIL ADDRESS: _____		

I, the undersigned, agree to release, discharge, indemnify, and hold harmless *Shadow Cats TNR, Inc.* (SCTNR), its officers, agents, and volunteers from any and all claims, demands, losses, costs, liabilities, damages, expenses, and suits in law or in equity that may arise out of my performing services for SCTNR, its officers, agents, or volunteers.

I recognize that in handling animals while performing services for SCTNR, there exists a risk of injury including, but not limited to, personal physical harm. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify, and hold harmless SCTNR, its officers, agents, and volunteers from any claims, demands, losses, costs, liabilities, damages, and expenses connected with my services to or for SCTNR or my participation agreement, whether caused directly or indirectly by any negligence (active or passive) attributable to SCTNR, its officers, agents, and volunteers.

I have read and fully understand the Terms and Conditions of this Volunteer Agreement, Waiver, and Release of Liability and I agree I will comply with said Terms and Conditions, as described herein.

SCTNR MAKES NO REPRESENTATIONS CONCERNING ANY ANIMAL'S EXPOSURE TO RABIES OR OTHER DISEASE OR PARASITES SUCH AS FLEAS, TICKS, AND WORMS.

As a Volunteer within SCTNR's animal programs, I fully understand that SCTNR does not provide participants with medical insurance, Worker's compensation, or automobile liability insurance coverage.

Printed Name: _____

Signature: _____ Date: _____

If the participant is younger than 18 years of age, the parent/legal guardian shall agree to the following: As a parent or legal guardian of the above named person, I hereby give my consent to allow the undersigned to volunteer with *Shadow Cats TNR, Inc.* and comply with the conditions of this Volunteer Agreement, Waiver and Release.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Email completed to: volunteer@shadowcatstnr.org