



The Colony Caregivers

PO Box 12, Shortsville, NY 14548

Phone: 585-289-6353

Visit our website: www.thecolonycaregivers.org



Trap ♥ Neuter / Spay ♥ Vaccinate ♥ Return

Volunteer Application

Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone Number: _____ Email: _____

Over 18 Years Old: Yes No

Valid Driver's License: Yes No

Are you currently: Employed Retired

Availability: Please indicate the days and hours you are available below:

The Colony Caregivers (TCC) is a volunteer based animal welfare organization that promotes and practices Trap-Neuter-Vaccinate- Return with Care of feral, stray and abandoned cats within Ontario County, NY. A small staff of volunteers handles much of the day-to-day operations and relies heavily on the support of volunteers. Volunteers also play an important part in the quality of life of the cats. For this reason, The Colony Caregivers (TCC) would like to know about your past experiences in volunteer work and animals.

How did you hear about volunteer opportunities with The Colony Caregivers (TCC)?

Why would you like to become a volunteer with The Colony Caregivers (TCC) ?

Do you have any prior experience as a volunteer? If YES please indicate the organization and your experience.

Have you had experience with feral or stray cats? Yes No

Not all volunteer positions are animal related, some involve contact with the general public.
Do you feel comfortable interacting with many different personalities? Yes No

What are your special skills, interests and hobbies?

What type of volunteer work interests you the most?

Are there any restrictions (such as school schedules, work schedules or physical handicaps) that might affect the capacity in which you volunteer?

Do you have experience with any of these areas?

Google docs Internet Web-design Customer Service (*making phone calls*)

Applicant Agreement: In filling out this application, I understand and agree to the following:

- 1.) I will remember that in all my dealings with the public as a volunteer, I am representing The Colony Caregivers and that the public will consider my words and actions to be the attitude and position of The Colony Caregivers as an organization.
 - 2.) I agree to abide by The Colony Caregivers' policies and procedures.
 - 3.) I agree to be supervised by the staff or chair person of a fundraiser or event.
 - 4.) I understand that as an individual, I cannot enter into agreements for the organization; any such activity will be forwarded to The Colony Caregivers Board of Directors.
 - 5.) I accept full responsibility for some or all of the expenses incurred by myself as a volunteer for The Colony Caregivers. Although I may be reimbursed by The Colony Caregivers, I must have prior approval from an officer of the Board of Directors, as well as the necessary documentation and receipts.
 - 6.) I agree to sign the Volunteer Liability Release & Waiver (copy provided with this application).
 - 7.) I understand that The Colony Caregivers cannot guarantee or be held responsible for the health, behavior or temperament of any cat I may handle. I am aware that a cat may cause personal or property damage and agree to keep cats in my care securely contained.
 - 8.) If it is discovered at any time that I have been involved with any wrong-doing to any animal or mis-use of the organization's cash, assets, or supplies, I will be terminated as a volunteer.
-

Signature of Volunteer

Date



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The Colony Caregivers Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, in _____ (year), by _____ I hereby release the following (print name of "Volunteer") **Persons and Entities** and otherwise agrees as follows:

Persons and Entities Released: *The Colony Caregivers (TCC)*, or any successor organization its board members and all other volunteers, jointly, severally and individually.

The "Volunteer" desires to provide volunteer services and engage in activities related to serving as a volunteer for *The Colony Caregivers (TCC)*. A 501(c)3 charity working in the State of New York.

1. **WAIVER AND RELEASE:** I, the Volunteer, release and discharge and hold harmless the above listed entities from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise from the services I provide. I understand and acknowledge that this Release discharges from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death or property damage that may result from the service I am providing for *The Colony Caregivers (TCC)*.
2. **INSURANCE:** Further I understand that none of the above participating entities assumes any responsibility or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.
3. **MEDICAL TREATMENT:** I hereby Release and forever, discharge the participating entities 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 all *The Colony Caregivers (TCC)*.
4. **ASSUMPTION OF RISKS:** I understand that the services I provide to *The Colony Caregivers (TCC)* may include activities that be hazardous to me including, but not limited to involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release ALL participating entities from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services for *The Colony Caregivers (TCC)*.

5. PHOTOGRAPHIC RELEASE: I grant and convey to *The Colony Caregivers (TCC)* all right, title and interests in any and all photographs, images, video, audio in connection with my providing volunteer services for *The Colony Caregivers (TCC)*.

6. 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 New York and that this Release shall be governed by and interpreted in accordance with the laws of the State of New York. I agree that in the event that any clause or provision this Release is deemed invalid, the enforceability of the remaining provisions of the 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.

Signature of volunteer

Date

Please return form to: The Colony Caregivers
PO BOX 12
Shortsville, NY 14548

E-mail: TNVR@TheColonyCaregivers.org