



Volunteer Application (7-1-2020)

Date: _____

Thank you for your decision to volunteer with the National Animal Welfare Society (NAWS)! We are excited to have you join the Safekeepers, our incredible family of volunteers that have a strong passion for, and want to change the face of, animal welfare. Please complete this form in order to better assist you in finding the volunteer opportunity that you would enjoy. Please note that effective 7/1/2020, we are unable to accept court ordered community service volunteers. In addition, a one-time \$25 training fee is required for each volunteer. Upon payment, you will receive a t-shirt and name tag.

APPLICANT INFORMATION

APPLICANT NAME: _____

EMAIL ADDRESS (In order to reach you, a legible e-mail address is required): _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PRIMARY PHONE: _____ CELL PHONE: _____

PLEASE SELECT YOUR AGE RANGE: _____ (under 13) _____ (13-17) _____ (18-50) _____ (51+)

T-SHIRT SIZE: Adult (XS to 5XL): _____ Kids (** to **): _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____ If yes, describe: _____

EMERGENCY CONTACT INFORMATION

NAME AND ADDRESS:	NAME AND ADDRESS:
PHONE:	PHONE:
ALTERNATE PHONE:	ALTERNATE PHONE:
RELATIONSHIP (MOTHER, SPOUSE, ETC)	RELATIONSHIP (MOTHER, SPOUSE, ETC)

VOLUNTEER AREAS OF INTEREST

Please check the areas you are interested in volunteering:

√Check	Activity	√Check	Activity
	Feline Hall Helper – Cat suite cleaning, socialization, etc.		Public & Community Event Planning/Coordinating
	Showing Adoptables at Petco/Petsmart on Weekends		Administrative Tasks (Mailings, Data Entry, etc.)
	Fostering Medical or Special Needs Dogs or Cats		Transporting (To/From Vets, Shelters, Rescues, Fosters)
	Fostering Puppy and Kitten Litters		Community Service for school/church*

***NOTE:** Community Service volunteers will be given a card at the time of training that they will use to record and track their hours. They will be responsible for stopping at the front desk to obtain a staff member signature upon arrival and departure **each time they volunteer** in order to record and validate their hours. We are unable to go back and verify hours from past work.

VOLUNTEER APPLICANT QUESTIONS

Please list the days and times that you are available to volunteer:

Day(s)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM SHIFT							
PM SHIFT							

Please tell us why you would like to volunteer with NAWS:

Please list any volunteer groups you are involved with (Other Animal Groups, Salvation Army, Scouts, etc.

Please provide any additional skills you may have that you would like to contribute to NAWS:

Thank you SO very much! We are very thankful to have such devoted supporters and volunteers. Together we can make a big difference in the lives of homeless pets.

Please read and sign the attached Liability Release Waiver Form.

FOR STAFF USE ONLY

____ d _____ Check and i _____ in tial when \$25 Training Fee rece ve _____

____ _____ initial with ~~check~~ and distribute _____

Training date: _____

Scanned or picture copies of completed forms can be e-mail to Jeannine@NAWSUS.org, or fax to 708-478-5803,
or Drop Off/Mail To: NAWS Campus, 9981 W. 190th St., Suite A, Mokena, IL 60448

Thank you and welcome to the NAWS Safekeeper family!



Volunteer Activities Waiver

All persons participating in any event or activity organized or sponsored, in whole or in part, by the National Animal Welfare Society (NAWS), including but not limited to fostering pets, volunteering at the campus or medical center, volunteering at events and any other such activities are required to read, agree to, and sign this waiver before participating in any such event or activity. Note that when this waiver is signed for purposes of fostering pets, it must be signed by a head of household and will apply to all family members and visitors in the foster home.

I hereby release and forever discharge NAWS and their employees, volunteers, directors, officers, administrators, agents, and assigns (herein collectively referred to as NAWS), from all liability for any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of any injuries (e.g., including, but not limited to, dog or cat bites), both to person and property, including without limitation to any animals owned, fostered, or supervised by any attendee and/or economic and non-economic losses which I may suffer, which may result from, or develop in the future as a result of my participation in any event or activity sponsored by NAWS. I further agree that if, despite this Release and Waiver of Liability, I or anyone on my behalf makes a claim against NAWS, I will indemnify, save and hold harmless NAWS from any damages, losses and expenses including, but not limited to, legal fees, courts costs, and litigation expenses.

Neither this waiver nor the circumstances leading to its execution shall be deemed an acknowledgement by NAWS that, as of the date hereof, any such claim exists or will exist or that the activities and events of NAWS are hazardous or present any unusual risks. This release is binding on my heirs, executors, assigns and administrators. The undersigned is aware of the risks of attending, traveling to and participating in said events or activities and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

I hereby declare that I have read and understood and voluntarily accept the terms and conditions of this Release and Waiver.

Signature: _____

Printed Name: _____

Date: _____

Parent or Guardian of volunteers under 18 years of age: I hereby give my consent to allow my child (ward) to volunteer various services for NAWS and agree to hold harmless NAWS for any claim, loss or damage incurred by such child. I understand that this child will have contact with animals, which are sometimes unpredictable and are capable of inflicting injury or property damage, and I agree to assume those risks.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ Parent's Printed Name: _____

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Volunteer Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

PLEASE READ CAREFULLY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The NAWS Humane Society of Illinois (“NAWS”) has put in place preventative measures to reduce the spread of COVID-19, based on recommendations from federal, state, and local governments and federal and state health agencies; however, NAWS cannot guarantee that you or your child(ren) or dependent(s) will not become infected with COVID-19. Further, volunteering at NAWS could increase your risk and your child(ren)’s or dependent(s)’ risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) or dependent(s) and I may be exposed to or infected by COVID-19 while at NAWS and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at NAWS may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NAWS employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or dependent(s) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) or my dependent(s) may experience or incur in connection with NAWS (“Claims”). On my behalf, and on behalf of my child(ren) or my dependent(s), I hereby release, covenant not to sue, discharge, and hold harmless NAWS, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of NAWS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after volunteering at NAWS.

In addition, I voluntarily agree that at this time or in the future, neither I nor my child(ren) nor my dependent(s) will visit NAWS if they or I (i) experience symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, (ii) have a suspected or diagnosed/confirmed case of COVID-19 within the past 30 days, (iii) have been exposed within the past 14 days to any person who has a suspected or confirmed case of COVID-19, or (iv) travel outside of the country or to any city considered to be a “hot spot” for COVID-19 infections without observing the required quarantine

period prior to returning to NAWS. I agree to notify NAWS immediately if my child(ren) or my dependent(s) or I believe any of the foregoing restrictions may apply.

Signature (Parent or Guardian if under 18 years of age): _____

Printed Name: _____

Date: _____