



KITTEN KRAZY, INC. ADULT VOLUNTEER APPLICATION

Part 1: Hold Harmless Volunteer Agreement

Volunteer Name:

I hereby release and agree to hold harmless the promoters, the owners, and the lessees of the premises, the participants, and the officers, directors, officials, representatives, agents, and employees of all of them, of and from liability, loss, claim and demands that may occur from loss, damage or injury (including death) to my person or property, in any way resulting from, or arising in connection with this, and whether arising while engaged in caring for animals or preparation thereof, or while upon entering or departing from said premises, from any cause whatsoever except liability loss, claim and demands that occurs as a direct results of the negligent acts of Kitten Krazy or its agents. I know the risk and danger to myself and property, while upon said premises, so voluntarily and in reliance upon my own judgment and ability, I thereby assume all risk of loss, damage, or injury (including death) to myself and my property from any cause whatsoever, except where such loss, damage, or injury (including death) is the direct result of negligent acts of Kitten Krazy, Inc. or its agents.

Name:

Street Address:

City, State, and Zip Code:

Home Phone:

Cell Phone:

E-mail Address:

I have read the above Volunteer Hold Harmless agreement and understand the content of this document.

Signature:

Date:



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Part 2: Volunteer Information

Last Name:

First Name:

Street Address:

City:

State:

Zip Code:

Cell Phone:

Home Phone:

E-mail:

Date of Birth:

Employer:

Work Phone:

What days & hours would you be available to volunteer?

A.M.

P.M.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Check one or more of the following teams which you would like to volunteer or hear more about:

Adoption Counselor

Arts/Crafts

Cleaning

Foster Home

Fundraising

Handyman

Office/Phones

Photography

Vet Visits

Website

Other:

Have you worked as a volunteer in another animal rescue organization? If yes, where and when?

Do you have any health problems or allergies that would limit your volunteer activities? If yes, please describe.

Emergency contact name:

Emergency contact phone:

Volunteer signature:

Orientation Date	KK Signature
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