

Kindred Spirits Animal Sanctuary

Eldercare and Hospice for Horses, Dogs, Poultry

3749-A Highway 14, Santa Fe, NM 87508 Telephone: 505/471-5366 www.kindredspiritsnm.org

Volunteer Information

Date _____

Name _____

Address _____

Mailing Address (if different) _____

Home phone _____ Work phone _____ Cell phone _____

Email address _____ Driver's License _____

Date of birth _____ Occupation _____

Employer _____ Employer's phone number _____

Employer's address _____

Do you have any health problems that we should take into account when assigning you? _____

If so, please explain _____

Allergies? _____ Date of last tetanus vac. _____

Medical insurance information _____

Emergency contact _____ phone number _____

Have you ever been convicted of a felony? _____



Please list 3 references, one of whom must be your veterinarian:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____



Please indicate if you had training or experience in any of these pet related areas:

- | | | | | |
|-----------------------------------|---|--|--|----------------------------------|
| <input type="checkbox"/> Training | <input type="checkbox"/> Vet assistant | <input type="checkbox"/> Animal Rescue | <input type="checkbox"/> Nursing | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Kennel assistant | <input type="checkbox"/> Handyman skills | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Other |

Please describe any areas which you have indicated above: _____

What type(s) of volunteer work would you like to do here? _____

Which days of the week can you volunteer? _____

What times of the day are best for you to volunteer? _____

Is there anything else you would like us to know? _____



Volunteer Agreement

In consideration of the opportunity to volunteer at Kindred Spirits Animal Sanctuary (KSAS), I agree to the following terms and conditions and intend to be legally bound by them:

1. I will abide by the mission, rules, policies, and programs of KSAS while I am a volunteer.
2. I assume the risks of being bitten, scratched, injured, or frightened by animals in connection with my volunteer work for KSAS. KSAS is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever which I might suffer or sustain in connection with the performance of my volunteer activities for KSAS unless said injuries are the result of gross negligence or intentional misconduct of KSAS. I will indemnify, defend, and hold KSAS harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for KSAS, or with my breach of KSAS's rules, regulations, policies, and programs.
3. I understand and agree that KSAS may refuse volunteer applications for any reason.
4. If I will be sheltering or providing foster care or boarding any of KSAS's animals in my home or business, I consent to having KSAS representatives visit my home or business to observe the animals and their living quarters.
5. I affirm that I have accurately and truthfully given the information in this volunteer application and agreement.
6. Any modification to this agreement must be in writing and signed by both parties. This agreement is binding upon KSAS, me, and upon KSAS'S and my respective heirs, successors, assigns, executors, and personal representatives.

Dated: _____

Signed by Applicant

Signed by Kindred Spirits

Sign name

Sign name

Print name

Print name