



VOLUNTEER APPLICATION AND AGREEMENT

Thank you for your interest in helping the forgotten felines of Denver. By your signature on this application, you agree to support the mission and goals of Forgotten Felines Rescue.

Please complete every portion of this application accurately and completely.

Contact and Biographical Information:

Name: _____ Birthdate: _____

Home Address: _____

City: _____ Zip: _____

Phone Number (cell preferred): _____

E-Mail: _____

Please note – email addresses are only used for Forgotten Felines Rescue contact purposes and are never sold or distributed.

Emergency Contact Name and Phone: _____

Employer: _____

Profession: _____

Other languages spoken/read/written: _____

Drivers License or State ID # _____ State _____ Expiration _____

REFERENCES: Please list two references that are NOT related to you.

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain:

AVAILABILITY:

Weekday _____ Weekend _____ Flexible

Estimated number of hours per month you are willing to commit: _____

VOLUNTEER INTERESTS (please select as many as you'd like):

You will not be held to these selections, but these will give us a better idea of what you are interested in and what you hope to accomplish while volunteering at Forgotten Felines Rescue.

- | | |
|--|---|
| <input type="checkbox"/> Special events/fundraising | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Mobile adoptions | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Food pickup or distribution | <input type="checkbox"/> Trapping |
| <input type="checkbox"/> Foster care (<i>complete Addendum</i>) | <input type="checkbox"/> Transportation of cats to clinics or adoption display |
| <input type="checkbox"/> Returning requests (i.e. phone calls) for information | <input type="checkbox"/> Colony caretaking |
| <input type="checkbox"/> Educational programs | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Other Interests/Special Skills (i.e. writer, photographer, animal trainer, etc.) | |

Please provide any details about previous volunteer experience
(organizations, duties, etc.)

If you have indicated above that you are interested in Foster care, please complete Attachment A (Foster Parent Application/Agreement).

Please return completed application package to:

**Forgotten Felines Rescue
3124 S. Parker Rd. Suite A2-607
Aurora, CO 80014**

ACKNOWLEDGMENTS, SIGNATURE, AND WAIVER/RELEASE

I _____ hereby apply for a position as a volunteer with Forgotten Felines Rescue (FFR).

I will work with the staff, volunteer coordinator, and other volunteers to achieve the goal of helping the feral and stray cats in the Denver area. I realize I am an important resource as a volunteer and will work to maintain a mutually beneficial relationship with FFR. I understand and agree that my services are provided to FFR solely in a volunteer capacity and are provided without any expectation of any salary, payment, or other compensation. I understand that FFR reserves the right to terminate the services of a volunteer for any reason.

I will familiarize myself with FFR policies and procedures. If policies are not clear to me, I will ask the FFR coordinator or other qualified volunteer for clarification. When I have suggestions for policy changes, I will direct them through appropriate channels and will not implement my suggestions until approved.

I understand that FFR demands high standards of moral and ethical treatment of all animals within its care, and I will strictly adhere to these standards. FFR also demands high standards of professionalism, courtesy and diplomacy when dealing with other volunteers and the public and I will strictly adhere to these standards as well.

If I willfully cause damage to FFR property, I agree to promptly reimburse FFR for all costs incurred by FFR as a result of such damage. I further understand that a claim can be filed with my insurance carrier for such damage.

I understand I may have frequent contact with the public while performing my duties, and I am a personal representative in both words and actions. I agree to allow FFR to use any photographs taken of me for use in public relations efforts, on behalf of heirs, my personal representatives, executors, and myself. FFR will use reasonable efforts to notify me prior to publication, but such notification is not a condition of the photographs being released for public relations purposes.

With respect to my activities involving the public or with animals within the care of FFR, on behalf of myself and my heirs, personal representatives and executors:

1. I hereby expressly assume all risks of injury, loss, or damage to me or my personal property whether or not caused by the act, omission, negligence, or other fault of FFR, its officers, and other volunteers.
2. I further hereby waive, and exempt, release, and discharge FFR, its officers, and other volunteers, from, any and all liability, claims, demands, and actions for such injury, loss, or damage, whether or not caused by the act, omission, negligence, or other fault of or by any other cause.
3. I further agree to defend, indemnify and hold harmless FFR, its officers, and other volunteers, from and against all liability, claims, and demands, including any third party claim asserted against FFR, its officers and other volunteers, on account of injury, loss, or damage, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of FFR, its officers, and other volunteers, or by any other cause.
4. I hereby acknowledge and agree that the representations and agreements in paragraphs 1-3 above extend to all acts, omissions, negligence, or other fault of FFR, its officers, and other volunteers, and is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion thereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

By signing below, I hereby give my permission to FFR to verify any of the information given in this application. I also agree to hold harmless FFR and its officers and agents from any and all liability or responsibility arising through the investigation of my background. This authorization in original or copy form shall be valid for any such investigation. I understand that any false information will be grounds for disqualification from and/or grounds to terminate participation in the volunteer program.

Volunteer Signature: _____ **Date:** _____

PARENT LEGAL GUARDIAN CONSENT OF MINOR (Under 18 years of age): As a parent/legal guardian of the above named volunteer, I hereby give my consent as described within this contract. I have read this contract and fully understand the terms and conditions presented. On behalf of my child/ward, and myself, I agree to all terms and conditions. I will ensure that my child/ward is under my direct supervision and control at all times while volunteering for FFR.

Parent/Legal Guardian Signature: _____ **Date:** _____

FFR Representative: _____ **Date:** _____

Addendum

FOSTER PARENT APPLICATION AND AGREEMENT

Thank you for your interest in the Forgotten Felines Rescue (FFR) foster care program. Animals may be in need of fostering for many reasons such as health recovery, nursing kittens, emotional problems, or elder hospice care. Please provide the following information to help us make the best match between a foster home and a foster animal. *Note: A Foster Parent must be 21 years of age or older.*

I live in a (please circle): Condo Townhouse Apartment House

Own Rent If you are renting, please provide the landlord's contact information:

Name: _____

Phone: _____

Has the landlord listed above given permission for foster animals? Yes No

Note: FFR may require written verification of this permission.

Do any children live in your household? Yes No If yes, ages: _____

Do any children under 5 visit your home? Yes No

Who will take care of your animals if you are out of town?

PERSONAL PETS:

Do you currently have pets? Yes No Did you have pets in the past? Yes No

List species and names of your pets (example: cat Midnight, dog Alex)

Are your animals spayed/neutered? Yes No Current on vaccinations? Yes No

Can you provide proof of vaccination? Yes No

Explain the circumstances of any pets that have died in the past:

If you have cats, are they allowed outdoors? _____

If you have dogs, where are they kept during the day and where do they sleep at night?

How many hours are your pets left alone each day? _____

Current Veterinarian name _____ Phone _____

ANIMALS WILLING TO FOSTER:

Please circle the type of animal(s) you would consider fostering:

Kittens: Needing socialization Nursing mom with kittens

Orphaned kittens requiring bottle feeding (24 hour care)

Adult Cats: Fearful, Depressed FIV or FeLV positive

Health recovery or hospice Need socialization/rehabilitation

FOSTER CARE:

Explain your reason for wanting to foster an animal at this time:

What do you consider the negative aspects of fostering?

Are you willing to have a Foster Representative visit your home? Yes No

Can you transport your fosters to clinics or adoption displays? Yes No

Do you have a warm, dry ventilated room for the foster pet? Yes No

Are you able to provide isolation from other pets for the foster animal? Yes No

Are you willing have potential adopters visit your home? Yes No

Should you be selected as a foster parent and accept a foster animal into your care, you are required to agree to the following Foster Care Agreement. This agreement states that you are a representative of FFR and that you have responsibility for the animal while in your care. The agreement also states that you and your family agree that FFR will not be held responsible for damage or injury caused by foster animals. You will be given information regarding vaccination schedules, medications, and special diet and/or feeding instructions as well as general health care for the particular pet you will be fostering.

Applicant signature _____ Date _____

FOSTER CARE AGREEMENT

1. I agree to provide for the care and safety of any FFR cats and/or kittens that I have been entrusted with and to provide a healthy, loving, safe environment until the animal is adopted into a permanent home. I am aware that fostering may be a short or long-term commitment for this animal.
2. I agree that this animal remains the property of Forgotten Felines Rescue ("FFR") until it is adopted. I understand that a foster home may not give a FFR animal to any other person or organization other than FFR. If I cannot keep this animal as a foster or this foster situation does not work out for any reason, the animal will be returned to FFR.
3. I understand that FFR reserves the right to evaluate the living conditions of the animal at any time and I agree to surrender the animal if conditions are not found to be satisfactory.
4. I agree to provide good quality food, fresh water, clean litter, and socialization. When food and litter are donated to FFR they are available at no cost to foster homes.
5. I agree that this animal must be kept as an indoor pet only.
6. I agree that FFR shall be responsible for approved medical bills only.
7. I agree to supervise veterinary care that may be required for this animal's health, care and well being throughout its foster care. If the animal is in need of medical attention, I agree to contact a FFR representative immediately and follow their instructions on where to take the animal. If a foster home takes an animal in without contacting FFR, FFR may refuse to be responsible for medical expenses. I will call FFR before seeking emergency medical attention.
8. I agree to follow the instructions given to care for the animal's special needs, such as medication, special diet, etc.
9. I agree that it is my responsibility to help socialize this animal's behavior towards men, women, children, dogs and cats. In the event that problem behavior is noted, I will notify FFR so that FFR can determine an appropriate course of action for the animal.
10. If the animal is ready for adoption, I agree to have the animal available for showing. I agree to allow potential adopters to visit the animal at my home or at a place suitable to adopters, or allow the animal to be taken to another location to meet potential adopters.
11. When possible, I agree to help provide transportation of foster cats to FFR cat adoption shows.
12. I understand that FFR will make the final decision regarding permanent placement of this animal with the recommendation of the foster home.
13. If I choose to adopt this animal as my own companion, I understand that I must go through the adoption process and may owe the adoption fee.
14. I agree that FFR will not be held responsible for damage or injury caused by foster animals.
15. I affirm that I am 21 years of age or older.

Volunteer Signature: _____ **Date:** _____

FFR Representative: _____ **Date:** _____