

DELTA COUNTY CITIZENS for ANIMAL WELFARE and SHELTER

P.O. Box 1736, Paonia, Colorado 81428 • 970-527-3350 • www.CAWSonline.org

VOLUNTEER FORM

Contact Information

Contact Information						
Name		Phone				
Physical Address	City	State	Zip			
Mailing Address (if different)						
Email Address						
Areas of Interest (check all that apply)						
$\ \square$ I am interested in fostering an animal awaiting adoption.						
$\ \ \square$ I am interested in volunteering at Barkin' Bargains, the CAWS thrift shop.						
$\ \ \square$ I am interested in volunteering time at CAWS events and fundraisers.						
$\ \ \square$ I am interested in offering professional services. Please, be specific:						
$\ \square$ I am interested in helping with the Community Cat Program (feral trapping, etc.).						
$\ \ \square$ I am interested in writing, marketing and promotion.						
$\ \square$ I am interested in helping with Rescue magazine distribution (publication of CAWS).						
Other. Please, be specific:						

Agreement and Liability Release Form

1. Voluntary Participation. I acknowledge that I have voluntarily applied to serve as a member of the CAWS Volunteer Team, which is a group that provides assistance to CAWS (Delta County Citizens for Animal Welfare and Shelter) to help animals.

Initial_

January 2011



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2.	Scope and Location of Activities. As a member of the group, I will be participating in a variety of general support activities and/or providing services organized and arranged by the volunteer coordinator. The support of activities and services may take place at various locations. I understand that during the course of these activities and while providing these services, I may come into contact with and interact with animals.				
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3.	lo Compensation . I understand that the activities are charitable in nature and that I will not be compensated or participating in the activities or for providing the service. I agree to participate in the activities and provide my services without compensation.				
4	Initial Responsibility for My Own Acts and Omissions. I hereby agree to be legally and financially responsible for my				
••	own acts and omissions relating to the activities and services.				
	Initial				
5.	Assumption of Risk. I am aware that there are various risks and dangers involved in participating in the activities and the services. I am voluntarily participating in the activities with full knowledge of the risks and dangers involved and hereby agree to accept any and all risks of injury, death, or damage to myself and/or my personal property.				
	Initial				
6.	Release. As consideration for being permitted to participate in the activities and provide services, I hereby agree that I, my assignees, heir, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of CAWS, a nonprofit corporation, for injury or damage resulting from any act, omission, negligence or other acts, howsoever caused by any employee, agent contractor, or representative of the organization as a result of my participation in the activities and performance of the services. I hereby release CAWS from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities and performance of services. It is expressly understood and agreed that I am hereby waiving and surrendering my rights pursuant to any state regulations which provides as follows: A general release does not extend to claims which a creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor. Initial				
7.	Knowing and Voluntary Execution of This Agreement. I hereby represent that I have read this agreement and fully understand it to be a release of all claims, known or unknown, present or future, that I have or may have against the parties released, arising out of the matters described. I further represent that I am of legal age and legally competent to execute this agreement and that I do so of my own free will and accord without reliance on any representation of any kind or character not expressly set forth herein. Initial				
8.	Arbitration. Any controversy or claim arising out of or relating to this Agreement or the breach of the Agreement will be settled by arbitration in accordance with the rules of the American Arbitration Association. Judgment on the award rendered by the arbitrators may be entered in any court having jurisdiction over the award.				
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9.	Governing Law. This Agreement will be governed by, and construed in accordance with the laws of my state.				
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10. Confidentiality. I understand that as County Citizens for Animal Welfare and S "confidential" as well as any information all procedures, business operations, existing personnel information and the like that is and Shelter. I will not use any confidential Citizens for Animal Welfare and Shelter. Citizens for Animal Welfare for Shelter.	helter. I agree to maintain bout Delta County Citizen f or prospective donor inforr not otherwise publicly disc I information in any manner	the confidentiality of any information Animal Welfare and Shelter's into nation, proprietary business informa osed by Delta County Citizens for A that would be detrimental to Delta that might impair the reputation of	on marked ernal tion, nimal Welfare County Delta County
		Initiai	
By signing this agreement I declare that a knowingly omitted pertinent information.	all the information presente	d here is true and correct; and that	I have not
Executed in	(city),	(State), on	(date).
Volunteer's signature:			
Please print your name:			
CAWS Representative:			

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