**Fort Wayne Pet Food Pantry, Inc.**

**“Keeping Pets at Home with Their Families”**

*We provide pet food at no cost to pet owners who are struggling financially*

*and cannot afford to feed their pets.*

[www.fwpetfoodpantry.com](http://www.fwpetfoodpantry.com) 2502 Church St. Fort Wayne, IN 46809

Fort Wayne Pet Food Pantry Inc. is a 501(c)(3) non-profit public charity organization.

Tax ID # 45-2902890.

**Volunteer Application/Release & Indemnity Agreement Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date(Month/Day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(must be at least 18 yrs old)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best way for us to communicate with you? \_\_\_\_\_Email \_\_\_\_\_Phone \_\_\_\_\_Both

Will you be bringing any children (under the age of 18) with you? If so, please list their names and ages:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Birth date (Mo/Day) \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Birth date (Mo/Day) \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Birth date (Mo/Day) \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Birth date (Mo/Day) \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any health concerns that might impact your work as a volunteer? (Such as heart condition, back injury, allergies, etc.) If so please explain. This information will help us not only to place you into the appropriate volunteer situation, but in case of a medical emergency will allow us to provide vital information to emergency personnel:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency please contact**:

Name & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Please explain the nature of the felony and date of the conviction and disposition. (Conviction of a crime is not an automatic disqualification for volunteer work): This question is being asked in general as at times children may be present as volunteers and/or at special events.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you applying to volunteer with us to complete a school requirement? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Number of hours required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date hours are due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most of our volunteer hours are on Monday evenings or on the 1st and 3rd Saturday of each month in the morning. What is your availability for these times?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special skills (i.e. event planning, writing newsletters, volunteer recruitment) that you would want to use as part of your volunteer service to the Fort Wayne Pet Food Pantry?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AM AWARE**, that volunteering with Fort Wayne Pet Food Pantry Inc. involves risk of personal injury, propertydamage, and other risks associated with volunteer services.

**I RELEASE**, Fort Wayne Pet Food Pantry Inc. from any and all liability for all loss, damages, and claims(including Attorney fees and costs), resulting from injury to the person listed below or to his/her property arising from volunteering.

**I HEREBY HOLD HARMLESS**, Fort Wayne Pet Food Pantry Inc. and project organizers from any and all claims, actions, or damages relating to or arising out of any related volunteering for Fort Wayne Pet Food Pantry Inc.

**I UNDERSTAND** that I am fully and completely responsible for all healthcare expenses incurred by me and any minors in my care if I become injured whileparticipating in Fort Wayne Pet Food Pantry Inc.’s volunteer program, and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

**FURTHERMORE**, I agree to utilize my own vehicle for transportation to and from the program, and further agree that I will befully responsible for any and all damages or injuries sustained by myself and or anyone else in my vehicle. I hereby represent and warrant that I am fully insured to operate my own personal vehicle, to the extent required by law.

**I ASSUME** FULL RESPONSIBILITY FOR, any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering for Fort Wayne Pet Food Pantry Inc.

**FURTHERMORE,** I authorize Fort Wayne Pet Food Pantry Inc. to use my name and give any organization involved with Fort Wayne Pet Food Pantry Inc. permission to photograph me. I understand that Fort Wayne Pet Food Pantry Inc. has permission to use my name, photographs/videotape, likeness, image, voice in all media, publications, advertising and for publicity purposes in connection with my participation with Fort Wayne Pet Food Pantry Inc. volunteer program, related activity or project unless written notice is received to the contrary.

**I UNDERSTAND** COMPLETELY that Fort Wayne Pet Food Pantry Inc. does not carry or maintain any type ofinsurance, and expressly disclaims responsibility for providing any health, medical, or disability insurance coverage for the volunteer.

**I FURTHERMORE** HEREBY HOLD HARMLESS not only Fort Wayne Pet Food Pantry Inc. and TAB Ventures Inc. (landlord) but anyone affiliated with the organization, including but not limited to distribution locations, event hosts, collection sites, other volunteers, etc.

**I CERTIFY**, that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release Fort Wayne Pet Food Pantry Inc. from any and all liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer.

**FORT WAYNE PET FOOD PANTRY** does not accept any type of harassment towards its volunteers. If I do feel unsafe or disrespected by a client or a fellow volunteer, I can report any incident to Rochele Watson (Executive Director) in person or by phone at (260) 385-3362.

**I have carefully read and understand completely the above provisions & voluntarily sign the** **Release and Indemnity Agreement**

Volunteer (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(must be at least 18 yrs of age to sign)

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The signature of a parent/guardian confirms the adult is assuming complete responsibility for the safety and well-being of children under 18 that they bring with them. Adults must stay with their children throughout the event.

If the child will be attending as part of a school/church group, please list the name of the adult(s) (teacher, Scout leader, etc.) who will be responsible for the group that day:

Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_