



VOLUNTEER REGISTRATION FORM

P.O. Box 6385 Fishers, IN 46038 | 317-774-8292
volunteer@adoptarpo.org | www.adoptarpo.org

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Are you at least 16 years of age? Yes No

PET OWNERSHIP

Do you currently have any pets? Yes No

If so, please provide the types of pet, age, sex and whether spayed and/or neutered:

Type	Age	Sex	Spayed/Neutered ?

AREA(S) of VOLUNTEERING INTEREST (* items represent crucial needs)

Foster Parenting ** _____

Fundraising _____

Web Design _____

Grant Writing _____

Saturday Adoption Events** _____

Special Events _____

Administrative Support _____

Other (please list) _____

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

PLEASE READ THIS FORM CAREFULLY BEFORE SIGNING BECAUSE IT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver of Liability is executed this _____ day of _____, 200____, by _____ (the “volunteer”) in favor of the Alliance for Responsible Pet Ownership (“ARPO”) and is for the benefit of ARPO and its directors, officers, and agents.

In consideration for ARPO allowing the volunteer to participate in ARPO related activities, the volunteer hereby freely and voluntarily executes this Release and Waiver of Liability. Volunteer understands that execution of this document is a necessary condition for volunteer to be allowed to participate in ARPO sponsored events.

Volunteer hereby consents to the following terms and conditions:

1. Volunteer hereby releases and forever discharges and holds harmless the Alliance for Responsible Pet Ownership, its directors, officers, agents, assigns, and successors in interest from any and all liability, claims, demands, and causes of action, of whatever kind or nature, either in law or in equity, which may hereinafter arise due to or from volunteer’s participation with ARPO including any project, activity, or event which is sponsored, managed, arranged, or promoted by, or in any way affiliated or associated with ARPO.
2. Volunteer understands and acknowledges that the primary mission of ARPO is the provision of assistance to homeless or unwanted animals. Volunteer further understands that ARPO cannot and does not warrant or guarantee the temperament of animals that volunteer may come into contact with during ARPO events. Volunteer understands that working with or around animals can be dangerous and volunteer hereby assumes all risk of participation as an ARPO volunteer.
3. Volunteer understands that by signing this Release and Waiver of Liability that volunteer is relinquishing legal rights for the benefit of ARPO. Volunteer does this freely as a condition of the right to participate in ARPO sponsored activities.
4. Volunteer understands that ARPO does not assume any responsibility or obligation to provide financial or other assistance in the event of injury, illness, death, or property damage as a result of volunteer’s participation in any ARPO event.
5. Volunteer understands and agrees that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by law, and that this Release and Waiver of Liability shall be governed by and interpreted under the laws of the State of Indiana. Volunteer agrees that if any provision or part of this document shall be held invalid by any court of competent jurisdiction that such invalid provision or part shall not affect the remaining provisions of this document.
6. **Volunteer has received the informational overview of ARPO volunteers and agrees to read it and abide by it in its entirety.**

BY SIGNING THIS DOCUMENT BELOW, VOLUNTEER ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTOOD THIS RELEASE AND WAIVER OF LIABILITY, AND ASENT TO THE TERMS OF THE DOCUMENT AND AGREE TO BE BOUND BY THE TERMS.

Signature of Volunteer

Date:

Volunteer's Name Printed

Date:

Approval by ARPO Officer

Date:

I, _____, hereby agree that I am providing volunteer services to ARPO, assisting in the pet adoptions. This may also include assisting in adoptions of pets thru ARPO, Inc., at local Petsmart stores. I understand that neither ARPO nor PetSmart is responsible for any illness or injury caused by any animals that I come into contact with during my volunteer work. I agree to hold harmless and release from liability ARPO and Petsmart should I become sick or injured from any animals as a result of my volunteer work.

Signature of Volunteer

Date:

FOR VOLUNTEERS OF MINORITY AGE

For all Volunteers under Age 18 years

This is to certify that I, as parent or guardian with legal responsibility for the volunteer, do hereby consent and agree to his/her release as provided above and do hereby consent for myself, my heirs, assigns, and next of kin, to the Release and Waiver of Liability for my minor child, and agree to indemnify and hold harmless ARPO from any and all liability incident to my minor child's involvement and participation as an ARPO volunteer as set forth in this document, to the fullest extent permitted by law.

Except as otherwise authorized by this release or the Board of Directors for ARPO, no volunteer under the age of 16 will be permitted to participate in an ARPO event. Exceptions to this prohibition will be considered on a case-by-case basis, are at the sole discretion of the ARPO board of Directors, and are subject to immediate revocation at the Board's discretion. Furthermore, all volunteers under the age of 16 must have a Parent or legal Guardian at the event.

Any volunteer from the age of 16-18 years old may participate at any ARPO event without the Parent/Guardian being present.

Signature of Parent/Guardian

Date

Parent/Guardian Name Printed

Name of Minor Volunteer

Approval by ARPO Officer

Date