



All For The Love Of Whiskers Inc.
Facebook: AFTLOW OF UC NY
P.O. BOX 125
KERHONKSON, NY 12446
845-332-7648

Agreement and General Release for Volunteers

1. **Voluntary Acknowledgement and Participation.** I acknowledge that I have voluntarily agreed to serve as a volunteer for All For The Love Of Whiskers (hereinafter referred to as "AFTLOW"), a nonprofit corporation organized under the laws of the State of and New York, whose mission is to rehabilitate, nurture, and adopt out homeless animals. I am referred to as a "volunteer" I offer to perform as a volunteer of my own volition. No one has demanded that I participate in any activity with AFTLOW
2. **Responsibility of My Own Acts and Omissions.** I hereby agree to be legally and financially responsible and will indemnify and hold AFTLOW harmless for my own acts and omissions relating to the service I am voluntarily providing to AFTLOW. I acknowledge that I am responsible for providing my own medical, liability, and auto insurance during my volunteer service. I understand that I am not covered by workers' compensation nor insured by AFTLOW during the performance of my volunteer duties and tasks, including when driving a vehicle or transporting an animal.
3. **Nature and Scope of Services.** As a volunteer, I will be contributing my time and effort to various programs and tasks of AFTLOW and performing a wide range of services. The services will be performed by me as assigned by an officer, director, Senior Volunteer, or another volunteer of higher ranking. While performing the services, I agree:
 - To complete all required orientation, training, and paperwork relating to my volunteer position(s).
 - To disclose any physical or psychological limitations to appropriate staff before participating in any activity. Since I may be interacting with animals, healthy and sick, big and small, and may be lifting, carrying, moving, or otherwise engaging in physical labor, I will be respectful of my own limitations and will inform staff immediately of any such limitations.
 - To read and to obey all safety rules and regulations. In the interest of the safety of the animals, staff, and volunteers, I acknowledge that AFTLOW has the right to revoke volunteer privileges if these rules and regulations are not followed.
 - To treat all AFTLOW staff, volunteers, the animals, property, tools, and equipment with respect and kindness. I will also return ALL AFTLOW property when my volunteer relationship ends.
 - That either I or AFTLOW can terminate this relationship at will at any time.
4. **Assumption of Risk.** I am voluntarily participating in the activities of AFTLOW with full knowledge of the risks and dangers involved and hereby agree to accept and all risks of injury, death, or damage to myself and/or my personal property. As a volunteer, I may come into contact with and interact with animals, and such work entails risk of personal injury due to proximity to animals, dangerous equipment, long-distance driving, and other considerations. These include, but are not limited to, being bitten, clawed, tripped, and possibly exposed to diseases.

5. **Release.** As consideration for being permitted by AFTLOW to participate in activities and provide services, I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against, sue, or attach the property of AFTLOW for injury or damage resulting from any act, omission, negligence or other acts, howsoever caused, by any employee, agent, contractor, or representative of AFTLOW as a result of my participation in activities and performance of the services. I hereby release AFTLOW from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or my hereafter have for injury or damage resulting from my participation in activities and performance of the service.
6. **Photo, Video and Audio Release.** I understand that as a volunteer of AFTLOW, I may be recorded on film, video or other electronic recording media. I hereby consent to such recording and to the use by AFTLOW of any recorded images or other medial recordings of my name and likeness for any purpose related to furtherance of the publish, and republish, without restriction as to changes or alterations, for work I perform as a volunteer for AFTLOW will be the property of AFTLOW and that AFTLOW will have the sole right to use, sell, license, publish, or transfer any such work products, including all medial and mechanical and electronic formats. I will disclose any such work product to AFTLOW at its corporate office.
7. **Confidentiality.** During my association with AFTLOW and thereafter, I will keep confidential, refrain from disclosing to others, and use only in the performance of my volunteer duties, all confidential information of AFTLOW that I develop or learn about during the course of my association. I understand that the agreement covers all confidential business and technical information and know-how of or about AFTLOW that is not generally known to persons outside of AFTLOW and which I have not been specifically authorized to disclose or use. Examples of confidential information include, but are not limited to, information on finances, membership and donors, volunteer performance, research and development, the condition of animals, veterinarian care, medical records, campaigns, outreach programs, social media and information received from others that AFTLOW has agreed to keep confidential.
8. **Arbitration.** Any controversy or claim arising out of or relating to this agreement, or the breach of this agreement will be settled by arbitration in accordance with the rules of the American Arbitration Association. Judgement on the award rendered by the arbitrators may be entered in any court having jurisdiction over the award.
9. **I have read this Release Agreement and fully understand that I will relinquish all claims or actions known now or in the future against AFTLOW.** I am of legal age and legally competent to sign this agreement. I am signing this agreement of my own free will without the influence of an AFTLOW staff member.
10. **Term of Agreement.** I acknowledge that this agreement will apply to the entire term of my volunteer relationship, starting with the date I first perform volunteer duties for AFTLOW, even if it pre-dates the date of this agreement, and continuing as long as I continue to be a volunteer and thereafter as is necessary to protect the interests and rights of AFTLOW arising herein with respect to confidentiality and use of my work products and/or as authorized above.
11. **Governing Law.** This agreement will be governed by and construed in accordance with the laws of the State of New York.



All For The Love Of Whiskers Pet Rescue
Facebook: AFTLOW – FELINES OF UC NY
P.O. BOX 125
KERHONKSON, NY 12446
845-647-5380

Agreement and General Release for Volunteers

Thank you for offering your time to volunteer with AFTLOW. The work we do for the animals would not be possible without the help of our volunteers. Please read through the agreement below, complete the form at the bottom and return to our office’s mailing address at your earliest convenience.

Printed Name of Applicant: _____

Mailing Address of Applicant: _____

Physical Address of Applicant: _____

Home Phone: _____ Cell Phone: _____

E-mail address _____

Social Media/Facebook Name _____

Age of applicant if less than 18 years _____

(If you wish to Foster, please request a ‘Foster Application’)

Position or Description you wish to volunteer for: Events/Fundraising Marketing/PR

Social Networking Socialization of the Animals Trapping Transporting

Dog Walking Other, explain _____

Dog Training -Must commit to 1 day a week for 6 weeks for 1 hour at _____

Do you have any physical, mental, or emotional restrictions or limitations? If yes, explain

How do you wish AFTLOW volunteers/agents to deal with these restrictions/limitations should an issue arise?

At what date are you available to start your volunteer work? _____

Is there a termination date? If yes, please provide the termination/end date _____

Please tell us any special skills, training or experience you have

Signature of Applicant; _____ Date _____

Printed Name of Applicant: _____

Parent Signature: _____ Date _____

(Children under 18 must be signed with an AFTLOW representative present)

AFTLOW Representative Signature _____ Date _____

Representative Name Print _____