

Dumped Stray Animal Rescue  
Volunteer Form/Waiver

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Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Text/Pager Email: \_\_\_\_\_

Please indicate your date of birth (month, day and year.) \_\_\_\_\_

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Which program are you interested in volunteering with? (Shelter, Randall's Place, Fundraising Event, Administration etc.) \_\_\_\_\_

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How many hours per week are you interested in volunteering and which days/times are you available? \_\_\_\_\_

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I understand that rescue animals are unpredictable in nature and behavior.      Yes      No

I agree that any animal rescued by DSAR is solely owned and is property of DSAR. As a volunteer of this organization, I will not withhold, sell or give away any animal entrusted to me by the organization.  
Yes      No

I understand that during my volunteering I may have access to confidential, proprietary and/or trade secret information belonging to DSAR. I agree that I will keep all of this information strictly confidential and refrain from using it for my own purposes or from disclosing it to anyone outside DSAR.      Yes      No

In case of emergency, I authorize DSAR to notify the contact listed below. Please indicate the name, relationship, home phone, cell phone and work phone of your emergency contact. \_\_\_\_\_

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By filling in my name below, I certify that I understand and have answered truthfully all questions on this volunteer form and waiver and that I am 18 years or older. If this applicant is under age 18, by filling in my name below, I certify that I am the parent or legal guardian of this applicant and I have read and understand all questions and items on this form and approve this application. \_\_\_\_\_

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