

FRIENDS OF UPLAND ANIMAL SHELTER

(A private non-profit organization - not affiliated with the City of Upland)

2ND CHANCE THRIFT SHOP

VOLUNTEER APPLICATION

CONTACT INFORMATION

Name:

Email Address:

Phone:

Street Address:

City:

State:

ZIP Code:

Emergency Contact Information:

Name

Phone

AVAILABILITY

Please indicate the days and times you are available to work.

Are there any restrictions that may keep you from volunteering, i.e. lifting, moving heavy objects, etc.? (please explain)

WAIVER AND RELEASE FROM LIABILITY

I _____ (print name) understand that in volunteering for *Friends of Upland Animal Shelter* there exists a risk of injury including personal, physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless *Friends of Upland Animal Shelter*, its agents, servants, and employees from any and all claims, causes of actions or demands, of any nature or cause connected with my volunteer services. This might include costs, attorney's fees and court costs incurred by Friends of Upland Animal Shelter in connection with my volunteer services based on damages or injuries which may be incurred or sustained by me in any way. Such damages or injuries might include, but are not limited to, accidents, injuries, and personal property damage. By signing below, I understand, acknowledge, and agree to the foregoing.

SIGNATURE

Name (print):

Signature:

Date: