



www.safercats.com • Email: safer.cats@comcast.net • Fax: 964-8348

VOLUNTEER APPLICATION

NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

PHONE NUMBERS: (DAY) _____ (EVE) _____

PHONE NUMBERS: (CELL) _____ (WORK) _____

EMAIL ADDRESS: _____

VOLUNTEER OPPORTUNITIES:

Below is a list of available volunteer opportunities. If you have a special talent or would like to volunteer for something not listed below, please let us know. There is much to be done to help the homeless and abandoned cats and anything you can offer will assist us in saving one more life.

- FEEDERS - Hampton Beach, Seabrook Beach, Seabrook, Exeter, Portsmouth (food provided)
- FOOD COORDINATOR - Assist with food pick up, delivery and inventory
- CONSTRUCTION - Build and repair feeding stations
- ADOPTION COORDINATORS - Assist cats and potential adopters with the adoption process
- VET DRIVERS - Transport kitties between the vet's office and a SAFER foster home
- FOSTER PARENTS - We provide the training and supplies, you supply the love and time
- FUNDRAISING - Ideas, planning, implementation and/or coverage
- NEWSLETTER - We need stories and writers for our quarterly newsletter
- P.R. & COMMUNITY RELATIONS - Help us communicate our message
- TRAPPERS - Trap cats for neuter and release or adoption
- TELEPHONE ASSISTANCE - Answer and return phone calls - requires training and email access
- ADMINISTRATIVE ASSISTANCE - Help our organization become more efficient

Please list what is of interest to you:

Upon receipt of this application, a Volunteer Coordinator will contact you to discuss your preferred volunteer opportunities, your availability and the level of participation you may be able to provide. By coming on board with SAFER, you too will become part of this humane effort to help the abandoned and homeless cats of the Seacoast area.

A Liability Waiver MUST accompany all applications (see page 3).

Signature: _____ Date: _____

THANK YOU!!

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FOR S.A.F.E.R. USE ONLY:

COMMENTS: _____

S.A.F.E.R. Representative: Name _____

Signature _____

Date _____



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Participation Consent and Waiver of Liability

The undersigned, being over eighteen years of age, does hereby agree to volunteer his/her services to Seacoast Area Feline Education and Rescue, Inc. (herein known as S.A.F.E.R.).

I, (print name) _____ understand that I may work with or around domestic or wild animals, including, but not limited to cats, who may be diseased or vicious and who could cause disease, i.e. rabies, or injury to me, my family, animals or other property. I have also been advised, because of the potential exposure to animals that may be harboring rabies, to receive a pre-exposure rabies vaccination series at my own expense. I have also been advised that if I am going to work with feral cats, it is strongly suggested that I receive the pre-exposure series prior to my handling them. I understand that I am responsible for the cost of the pre-exposure series. I also understand that I may make an appointment to receive the pre-exposure series at a physician's office or hospital.

I understand that S.A.F.E.R. disclaims any responsibility for any losses or injuries to me, my family, and/or my property. In consideration of S.A.F.E.R. permitting me to volunteer for the animals in its custody, I hereby accept all risks of loss, injury, or damage to me, my family or my property, and exempt S.A.F.E.R., its directors, officers, agents, employees, veterinarians, landowners, and any other representatives.

In signing this waiver, I do forever release, covenant to hold harmless, and indemnify S.A.F.E.R., its directors, officers, agents, employees, veterinarians, landowners, and any other representatives, from any and all actions, causes of actions, claims, demands, damages, costs, losses, expenses on account of, or in any way arising out of, directly or indirectly, all personal injuries or property damages which I may now or hereafter may have, resulting from my voluntary performance of services.

NAME OF VOLUNTEER (Print): _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

PHONE NUMBERS: (DAY) _____ (EVE) _____

PHONE NUMBERS: (CELL) _____ (WORK) _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

If the volunteer is a minor, the signature of the parent or guardian below signifies that the parent or guardian has read and accepted the above terms.

PARENT/GUARDIAN SIGNATURE: _____

S.A.F.E.R. REPRESENTATIVE: _____ DATE: _____