

***Cats By The Tracks***  
***Volunteer Application***

Today's Date :

\_\_\_\_\_

For office use only

\_\_\_\_\_



First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

\_\_\_\_\_

Zip Home Phone Work Phone Cell Phone

\_\_\_\_\_

E-Mail Address

\_\_\_\_\_

Date of Birth If under 18,

\_\_\_\_\_

Name of parent/guardian Parent/Guardian's Home Phone

\_\_\_\_\_

Parent/Guardian's Other Phone Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**I understand that because I will be handling animals, it is important to be vaccinated against tetanus. I agree to take responsibility for assuring my protection from risk and release Cats By The Tracks from any liability.**

Applicant's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

What kind of activities would you like to become involved with?

- Socialize cats
- Adoption Events
- Fund Raising
- Foster Care
- Community Outreach / Public Relations
- Office Work / Computer skills

In order to be permitted to volunteer at CBTT (Cats By The Tracks) , I agree to release CBTT, it's employees, agents, volunteers, and/or officers and the City of Fresno , it's employees, agents, officials, volunteers, and/or officers from any and all liability, claims, demands, damages, judgments and costs for or arising from death or personal injury to myself or damage to my property suffered or sustained by me as a direct or indirect result of my participation as a volunteer, including any claims for alleged negligence. I understand and acknowledge that: 1. I am responsible for reading, understanding and complying with all safety procedures at CBTT. 2. The activities related to volunteering at CBTT, such as providing for and handling animals, involve a potential risk of injury and CBTT will not be responsible for any injuries to me or my property. 3. I am responsible for obtaining vaccinations at my own cost and understand that the CBTT facilities and animals may have diseases such as rabies and tetanus. 4. I volunteer with the permission of CBTT and will stop and leave the CBTT facilities if instructed to do so by any representative of CBTT , or any employee 5. I have medical insurance to cover the cost of any illness or injury arising from volunteering at CBTT. I acknowledge that any medical attention that may be needed arising from any injury or damage that I may sustain during my time working in a volunteer capacity will not be reimbursed financially by CBTT. 6. In the event of an emergency, I give CBTT my permission to call an ambulance and/or seek emergency medical attention if they so feel necessary, which does not create any right or expectation for reimbursement for any such costs 7. I am not an employee of CBTT and am not entitled to employee benefits or Worker's Compensation Insurance. 8. CBTT have the right to use my name, likeness, or creative works in connection with, or arising out of, my volunteer activities. It is understood and agreed that this Waiver and Release of Liability is intended to be binding on me and my heirs, distributees, legal representatives or assignees. I certify and represent that: (a) I have read and understood this Waiver and Release of Liability, (b) I am over the age of eighteen or have obtained the consent of my parent(s) and/or guardian(s), and (c) I am capable of signing this Volunteer Waiver and Release of Liability.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_ (Volunteer)  
Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**Completed Volunteer applications can be scanned and emailed to [info@catsbythetracks.com](mailto:info@catsbythetracks.com), or turned in at one of our adoption events.**