



WOOF GANG RESCUE
1535 Layard Avenue
Racine, WI 53402

WGR YOUTH BREAKTHROUGH VOLUNTEER APPLICATION

CONTACT INFORMATION

Name:

Current Address:

City:

State:

Zip Code:

Home Phone: ()

☐

Ok to call me here

Work Phone: ()

☐

Ok to call me here

Cell Phone: ()

☐

Ok to call me here

Email Address:

How did you hear about Woof Gang Rescue:

DEMOGRAPHIC INFORMATION

You may optionally provide the following information. It is used only to help us get a better idea of the demographic make up of our volunteers.

Circle Type : YOUTH ADULT

Date of Birth:

Age:

Gender:

EMERGENCY CONTACT

First Name:

Last Name:

Home Phone : ()

Relationship

BACKGROUND CHECK

I hereby allow Woof Gang Rescue to perform a background check using my personal information.

Allow Background Check:

☐

Have you ever been convicted of:

☐

Theft

☐

Animal Abuse/Neglect

☐

Drug Offense

☐

Animal Endangerment

☐

None of the Above

If you answered yes to any of these, please explain:

HEALTH

Do you have any health conditions (physical or mental) that may inhibit your ability to do specific tasks? YES NO

If yes, please explain:

PREVIOUS ANIMAL HANDLING EXPERIENCE

Do you have any experience volunteering/working at an animal shelter or veterinarian's office?

SKILLS, KNOWLEDGE, HOBBIES

We need volunteers to assist in every area. You never know what might help Woof Gang Rescue! Data input, graphic design, handyman skills, etc. are all examples of things you can do as a volunteer!

WHAT DO YOU HOPE TO ACCOMPLISH BY VOLUNTEERING FOR THE WGR YOUTH BREAKTHROUGH PROGRAM:

Release/Social Media Consent and Release Information

I understand and agree that as a volunteer for Woof Gang Rescue (City of Racine), I assume all risks of loss or injury, including death to myself or damage to my property while on the property of Woof Gang Rescue and elsewhere, while participating in the volunteer program. I understand and agree that all services performed by me will be performed on a strictly voluntary basis, and I will receive no remuneration, pay or compensation of any kind.

I understand and agree that I will not be an employee of Woof Gang Rescue and will not receive any benefits. I understand and agree that Woof Gang Rescue shall incur no liability of any nature as a result of my volunteering for Woof Gang Rescue.

I understand that in handling animals and performing other volunteer tasks that there is a risk of injury, including personal harm or death, and that all services performed by me will be done at my own risk. I understand Woof Gang Rescue strongly recommends that I have a current Tetanus Immunization.

Therefore, on behalf of myself, my heirs and personal representatives, I hereby release, discharge, and indemnify and hold harmless Woof Gang Rescue and its assigns, successors, agents, staff, officers, board of directors, employees, contractors and representatives from any and all claims, causes of action or demands of any nature of cause whatsoever, including costs and legal fees arising out of, or related to, my volunteering with Woof Gang Rescue, including, but not limited to, animals bites, disease, accidents, property damage, or injuries

WGR Youth Breakthrough Social Media Consent/Release Form

I give Woof Gang Rescue and its agents my permission to use my picture on social media, promotional materials, videos, website and newsletters. Woof Gang Rescue has permission to use my first name when posting any photographs or videos pertaining to any volunteer work I have done.

I do not expect compensation for these photographs in any way.

I hereby release Woof Gang Rescue and its agents from any and all claims for damage, libel, slander, invasion of the right of privacy, or any other claim based on the use of the videos or photographs. I grant permission for my child to be included in any and all media which has been or will be made by Woof Gang Rescue.

Signature of Volunteer:

Date:

PARENT OR LEGAL GUARDIAN

As a parent or legal guardian of the above named Volunteer, I hereby give my consent to allow my (child, ward) to volunteer services for Woof Gang Rescue as described within this Volunteer Agreement.

I have read this Volunteer Agreement and full understand its terms and conditions. On behalf of myself and my (child, ward), I agree to all terms and conditions as set out in this Volunteer Agreement paying special attention to the Release Section herein.

Name of Volunteer

Signature of Parent/Guardian (if 18 years or under)

Date

Signature of Woof Gang Rescue Representative

Date