



Volunteer Form Dog Walker/Cat Cuddler

****Must be 18 years ****

Personal Information

Name:				
	<i>Last.</i>	<i>First.</i>	<i>M.I.</i>	<i>Date of Birth.</i>
Address:				
	<i>Address.</i>	<i>City.</i>	<i>Prov.</i>	<i>Post Code.</i>
Phone:	<i>Home:</i>		<i>Cell:</i>	<i>Work:</i>
Email:				
Emergency Contact:	<i>Name:</i>		<i>Relationship:</i>	<i>Phone:</i>
Date:				

What is your Availability? Please enter times of the day you can volunteer:

C.A.O.S Volunteer Shifts once trained range from 9:30am to 8:00pm

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Medical Information

Please list any medical conditions or disabilities:

Date of last Tetanus Shot:

Once a volunteer has been approved you will be contacted via email and scheduled for your first Volunteer orientation shift



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WAIVER AND RELEASE FORM RELEASE OF LIABILITY

In return for being allowed to participate in Companion Animal Outreach Services Ltd volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue Companion Animal Outreach Services or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("C.A.O.S") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the C.A.O.S are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless C.A.O.S for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the Province of Alberta in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that C.A.O.S has not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors, and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of C.A.O.S. **I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.**

(Signature of Volunteer)

Date