



Starting Over Animal Rescue
Volunteer Application

P.O. Box 286
Schnecksville, PA 18078
kaska23@ptd.net
www.startingoveranimalrescue.org

PLEASE PRINT CLEARLY

Name: _____ Date of Birth (if under 18): _____

Address: _____ City: _____ State: _____

Zip code: _____ Email address: _____

Home/Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Prior Volunteer Experience? [] Yes [] No If yes, where: _____

What talent/training/education do you have that might help SOAR? _____

Do you have any physical limitations or medical conditions it would be important for us to know?

Check all areas for which you are interested in volunteering:

- [] Coordinating volunteers [] Event Planning [] Foster Care [] Low Cost Spay/Neuter clinics
[] Off-site Adoption Events [] Phone & Clerical [] TNR Events

Volunteer Release: I hereby fully and forever release and discharge Starting Over Animal Rescue (SOAR), its agents, directors, officers, and liability insurance carriers from all actions, damages, or judgements which I have now or in the future may have against SOAR, for all personal injuries to myself, known or unknown, arising out of my activities as an adult volunteer of Starting Over Animal Rescue.

I, the undersigned, have read this Release and fully understand all of its terms and conditions, and I sign voluntarily and with full knowledge of its significance.

Parental Consent Waiver: I consent and agree to allow my minor child, _____, to volunteer with Starting Over Animal Rescue (SOAR). In consideration for allowing my child to volunteer, I agree to assume any and all risks connected with my minor child's participation in SOAR activities. I waive and release SOAR from any and all claims for damages or injury to my minor child as a result of his/her participation as a volunteer, including any and all claims of negligence of others, and agree to hold SOAR and all persons or organizations associated with SOAR harmless for any claims made against them as a result of the action of any minor child of mine who participates as a SOAR volunteer. I represent that I am the parent and/or legal guardian of this minor child and that I am not under any legal disability that would inhibit my ability to understand and grant this waiver and release.

Printed name (parent/guardian): _____

Signature (parent/guardian): _____ Date: _____

Volunteers must be able to react quickly and rationally, as animals can sometimes be very unpredictable. Volunteers who work with animals must have the ability to properly restrain an animal for their own safety, the safety of others, and the safety of the animals. SOAR reserves the right to place volunteers in areas best suited to their abilities and restrictions, and to reject volunteers whose participation at events or programs could potentially place the participant, the animals or other individuals at risk of harm. Completion of application is not a guarantee of acceptance.