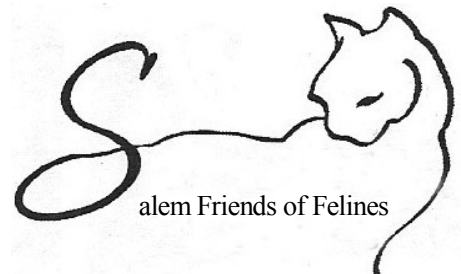


SALEM FRIENDS OF FELINES

Volunteer Application And Liability Release Form



Salem Friends of Felines is a non-profit, mostly volunteer organization with a mission of helping cats in Marion and Polk Counties through spay/neuter assistance, adoptions, and education. Volunteers are given as much or as little responsibility as they choose, once we are aware of their abilities and after completing the necessary orientation and approval process. Please complete both sides of this form and let us know how you would like to donate your time.

Please Print

Name(s): _____

Address: _____ City: _____ State: __ Zip: _____

Home Phone: _____ Alternate phone: _____ Email: _____

Are you over the age of 18? ____ Birth date (optional): _____ ODL: _____

Are you currently employed? ____ If yes, days and hours worked: _____

List current and/or last employee and your responsibilities: _____

Do you have any physical limitations (allergies, bad back, diabetes, etc.)? _____

Please list your hobbies, skills and interests: _____

List any other organizations you have volunteered for, when, and your responsibilities:

Why do you want to volunteer for Salem Friends of Felines? _____

How did you hear about SFOF? _____

Indicate days and hours you would be available to volunteer (see minimum hours required for specific volunteer areas - page 2 of this application):

I certify that the information I have completed is true and I understand any false information may nullify my volunteer service with Salem Friends of Felines.

Signed: _____

Date: _____

Please return the completed application to:

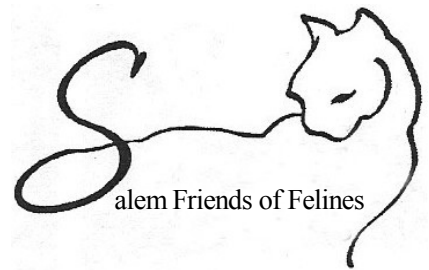
Salem Friends of Felines, 980 Commercial Street SE, Salem, OR, 97301

For more information call our thrift store/adoption center at 503-362-5611, or go to our website at **www.sfof.org**.

For SFOF use only: Applicant contacted: _____ (date and intake person's initials)

Notes: _____

Please turn the page over and complete the information



**Volunteer Application
And Liability Release Form**

Indicate the areas you are interested in providing volunteer time. Please remember that Salem Friends of Felines values our volunteers. If you are unable to fulfill your committed time, it is difficult for us to find someone else to take your place. **Our cats and kittens NEED YOU!**

Volunteers are needed in the following areas:

**Register and
Adoption Counselor**

*Minimum of 12 hours
commitment per month -
in 3-hour segments*

Cleaning cat rooms

*Minimum of 12 hours
commitment per month -
in 3-hour segments.*

Thrift Store

*Minimum of 12 hours
commitment per month.*

PetSmart

Time will vary

I understand that I am to read the Salem Friends of Felines Policies and Procedures and acknowledge that I not only understand them, but that I also agree to follow them. _____ (*initial*)

I agree to commit to the hours indicated above for the area I have chosen. If I have an emergency or a personal hardship where I cannot commit to a specific day, I will contact someone immediately. _____ (*initial*)

I understand that I am volunteering to help Salem Friends of Felines in specific areas. Our staff members have a full day of work. Interruptions are to be kept to a minimum. All concerns should be put in writing and given to a staff member for consideration at a later date. _____ (*initial*)

Please note: Pregnant women and persons with suppressed immune systems should be aware that a parasite sometimes found in cat feces can cause toxoplasmosis. Accordingly, do not come into contact with cat feces or used litter pans if you are pregnant or have a suppressed immune system.

I understand that there is a risk of health or personal injury when caring for cats. Intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Salem Friends of Felines and any of its employees, agents or volunteers representing or related to Salem Friends of Felines. This release is for any and all liability for personal injuries and property losses or damage occasioned by, or in connection with, any activity or accommodation of Salem Friends of Felines.

Signature: _____

Date: _____

Many thanks for volunteering! please tell others to join us.