



Logan's Heroes Animal Rescue Inc. Phone: 484-719-7101

## Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (mo/day): \_\_\_\_\_ Drivers License \_\_\_\_\_

\_\_\_\_\_ I have a full time job \_\_\_\_\_ I have a part time job \_\_\_\_\_ I work from home

If employed, please list employer and occupation: \_\_\_\_\_

\_\_\_\_\_ I am currently or have previously been a member of the United States Military.

\_\_\_\_\_ I am covered by health insurance with \_\_\_\_\_

\_\_\_\_\_ I do not have health insurance coverage\*

\*If you do not have coverage, do you understand that expenses from possible injury will be paid by you personally and not by Logan's Heroes Animal Rescue Inc.? \_\_\_\_\_

It is recommended that you are currently vaccinated for DT(Diphtheria & Tetanus).

Do you have any physical or mental disabilities that would limit your ability to perform certain duties? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Have you ever been investigated for animal cruelty for any reason? \_\_\_\_\_

If yes, describe the circumstances \_\_\_\_\_

Including traffic violations, have you ever been convicted of any criminal offense? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you worked/volunteered with a humane society, rescue/shelter or an animal care facility? \_\_\_\_\_

If yes, please list organization(s) \_\_\_\_\_

Is your involvement with the organization(s) listed above current? \_\_\_\_\_

I am available for volunteering \_\_\_\_\_ hours each week during the following days and times:

\_\_\_\_\_  
\_\_\_\_\_



Logan's Heroes Animal Rescue Inc. Phone: 484-719-7101

## Volunteer Application

Please indicate your areas of interest below and list any skills you have that may be applicable to that category. Please mark all areas in which you are interested.

- Adoption - greeter, counselor \_\_\_\_\_
- Training - working with dogs and/or horses \_\_\_\_\_
- Events and Fundraising \_\_\_\_\_
- Office - phone calls, emails, screen applicants \_\_\_\_\_
- Marketing - Newsletter, publications \_\_\_\_\_
- Computer Technology web page \_\_\_\_\_
- Photography/Videography \_\_\_\_\_
- Kennel/Barn support- clean stalls/kennels and feed animals \_\_\_\_\_
- Building/property maintenance - mow grass, pull weeds, paint fences \_\_\_\_\_
- Other \_\_\_\_\_

I am interested in fostering a domestic animal \_\_\_\_\_

Please ask to complete a foster application.

Please list three references (mandatory for consideration -only one reference may be a relative)

1. \_\_\_\_\_

Name Relationship Organization Contact Info

2. \_\_\_\_\_

Name Relationship Organization Contact Info

3. \_\_\_\_\_

Name Relationship Organization Contact Info



Logan's Heroes Animal Rescue Inc. Phone: 484-719-7101  
Volunteer Application

If I am accepted into the volunteer program, I agree to adhere to the procedures and policies of Logan's Heroes Animal Rescue Inc. (LHAR) \_\_\_\_\_(initial)

I also understand that the behavior of domestic animals is at times unpredictable, and that some domestic animals are capable of inflicting property damage, serious personal injury and even death. I am well aware of the risks of handling domestic animals, and with such understanding, I hereby waive, release and forever discharge Logan's Heroes Animal Rescue Inc. (LHAR) , its employees, agents or trainers, from any and all claims (whether present or future) arising out of my participation in the volunteer program.  
\_\_\_\_\_(initial)

(Guardian Signature Required for all Volunteers under 18 Years Old.)

I certify that as of today's date, I am over 18 years of age. \_\_\_\_\_(initial)

If under 16, I certify that my guardian\* will be with me at all times while I am volunteering for the rescue. \_\_\_\_\_(initial)

\*Guardian's

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I (guardian) have completed a volunteer application. \_\_\_\_\_(initial)

**Vaccination of non-shelter pets** - To protect non-shelter pets from contracting any potential shelter diseases, and to prevent the shelter pets from developing diseases from non-shelter pets, I certify that all my personal pets are current on their rabies, distemper, bordetella and parvo vaccinations. \_\_\_\_\_(initial)

**Photo Release** - I agree to allow pictures of myself to be used, without compensation for the purpose of publicity related to Logan's Heroes Animal Rescue Inc. \_\_\_\_\_(initial)



Logan's Heroes Animal Rescue Inc. Phone: 484-719-7101

### Volunteer Application

**Release of Liability** - I fully understand that as a part of my volunteer work at Logan's Heroes Animal Rescue Inc., I will come in contact with animals either by direct handling or assisting in their care. I further understand that working with animals carries a risk of injury, and it is possible that I may be bitten, scratched, and/or otherwise injured. I also understand that I may be exposed to domestic animal illness and disease and that it is also possible that I could indirectly expose my own pets to such illness and disease. My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Logan's Heroes Animal Rescue Inc., and their agents and assigns from all acts which are related to my performance of any and all volunteer duties. \_\_\_\_\_(initial)

**Advisory** - You are strongly urged to have a current tetanus vaccination to protect yourself should you be cut, scratched or otherwise injured in such a way that tetanus infection could threaten your health. \_\_\_\_\_(initial)

**Medical Release:** In case of emergency, I authorize Logan's Heroes Animal Rescue Inc. to arrange emergency medical treatment after attempting to notify the contacts listed below.

Name	Phone	Relationship to you
1.		
<hr/>		
2.		
<hr/>		



Logan's Heroes Animal Rescue Inc. Phone: 484-719-7101

### Volunteer Application

I agree to the best of my knowledge all the information I have provided is true and correct. I understand that if I have attempted to deliberately falsify any information that I will immediately be dismissed from Logan's Heroes Animal Rescue Inc. and can held liable for any damages.

Volunteer Signature\_\_\_\_\_ Date\_\_\_\_\_

Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Thank you for your interest in volunteering. We look forward to working with you!

For Office Use Only

---

---

---

---

---

---

---