



East Contra Costa County Homeless Animals' Lifeline Organization

H.A.L.O. House 215 2nd Street, Oakley, CA
Phone: 925-420-5119 • Voicemail: 925-473-4642 • Fax: 925-626-7475
contacthalo@yahoo.com • www.eccchalo.org • Fed Tax ID 94-3389190

H.A.L.O. VOLUNTEER INFORMATION SHEET

Name: _____ Birth Date MM/DD/YY _____
Address: _____ City / State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____

Reason for Volunteering:

- Interested in animal welfare and would like to volunteer with H.A.L.O. Long Term Short Term
- School Community Service Hours Name of School: _____
No. of Hours Needed: _____ To Be Completed by: _____
- Court Ordered Community Service Hours Reason for Community Service: _____
No. of Hours Needed: _____ To Be Completed by: _____

Areas of volunteer work interested in (choose all that apply)

- Working with Dog Program Fostering Angel Ears Dog Therapy Program
- Working with Cat Program Helping with Events Transporting Animals
- Administrative Duties Helping at Adoption Willing to Help Where needed Most

What days/times are you available to volunteer

- Sunday (am / pm) Monday (am / pm) Tuesday (am / pm) Wednesday (am / pm)
- Thursday (am / pm) Friday (am / pm) Saturday (am / pm) Anytime

Additional Information:

Do you currently have pets?
No Yes If yes, how many and what kind? _____

Please list any experiences you have (volunteer, paid or education), and resources (contacts, space, etc.) that may be helpful in volunteering with H.A.L.O.:

VOLUNTEER ACCIDENT WAIVER AND RELEASE FROM LIABILITY

In consideration of my participation in the activities of East Contra Costa County Homeless Animals' Lifeline Organization (H.A.L.O.), I, _____, do hereby agree to hold harmless H.A.L.O., Delta 2000, The City of Antioch, California, Petsmart, Pet Food Express, Petco, any event locations, H.A.L.O.'s respective officers, employees, members and all other volunteers from any and all liability. I do hereby, for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me, arising out of or connected with my participation in their activities. Also, I hereby consent to receive medical treatment that may be deemed advisable in the event of accident, injury and/or illness to me during all events. I hereby do declare myself to be physically sound to participate in all activities.

Signature of Participant / Parent / Legal Guardian*

Date

Volunteer Agreement

In consideration of this opportunity to volunteer, I agree to the following terms and conditions between Eastern Contra Costa Homeless Animals' Lifeline Organization (H.A.L.O.) and myself, _____, intending to be legally bound by them:

1. I will abide by the mission, rules, regulations, policies and programs of H.A.L.O. while I am a volunteer.
2. If I stop being a volunteer for H.A.L.O. for any reason, or upon the H.A.L.O. request at any time, I will promptly return all of the H.A.L.O.'s supplies, equipment, records, moneys, and other items I may have in my possession in good clean condition.
3. **I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs, and puppies in connection with my volunteer work for H.A.L.O. H.A.L.O. is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for H.A.L.O., unless they are the result of H.A.L.O.'s gross negligence or intentional misconduct.** I will indemnify, defend and hold H.A.L.O. harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for H.A.L.O., or my breach of volunteer rules, regulations, policies and programs.
4. I understand and agree that H.A.L.O. may refuse volunteer applications for any reason.
5. If I will be sheltering or providing foster care or boarding any of H.A.L.O.'s animals in my home or business, I consent to H.A.L.O. visiting my home or business from time to time to observe the animals and their living quarters.
6. I have accurately and truthfully completed this Volunteer Application and Agreement.
7. Any modification to this Agreement must be in writing signed by both parties. This Agreement is binding upon H.A.L.O., me, and H.A.L.O.'s and my respective heirs, successors, assigns, executors, and personal representatives.

I have read, understand and agree to the above conditions

SIGNATURE OF VOLUNTEER

DATE

PERMISSION AND RELEASE OF LIABILITY FOR VOLUNTEERS UNDER THE AGE OF 18

In consideration of H.A.L.O. offering this volunteer opportunity, I/We agree to the following, intending to be legally bound:

1. My/our child(ren), or child(ren) under my/our guardianship, has enough experience with ___ dogs and/or ___ cats and is mature enough to volunteer with H.A.L.O. and to participate in activities with ___ dogs/puppies of all sizes, and/or ___ cats and kittens.
2. Whenever my/our child(ren), or a child(ren) under my/our legal guardianship, participate(s) in H.A.L.O.'s activities, I/We hereby release, and agree to indemnify, defend and hold harmless H.A.L.O., its directors, officers, employees, agents, and volunteers, and its and their heirs, successors, assigns, and personal representatives, from and against liability for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever (the "Losses"), which such child(ren) or any pet or other person might suffer or sustain, except any Losses which are the result of H.A.L.O.'s gross negligence or intentional misconduct.

I acknowledge that there are risks that the child(ren) could be bitten, scratched, injured or frightened by the ___ dog/puppies and/or the ___ cats/kittens and I/we assume such risks.

3. I understand and agree that H.A.L.O. may refuse volunteer applications for any reason.
4. I have accurately and truthfully completed this Permission and Release Form.
5. This Permission and Release Form is binding upon me, my spouse, partner, and my and his or her respective heirs, successors, assigns, executors, and personal representatives.

NAME OF VOLUNTEER: _____

SIGNATURE OF PARENT/GUARDIAN SPOUSE/PARTNER

DATE

IF FILLING OUT ONLINE YOU WILL BE REQUIRED TO FILL OUT THIS PORTION OF THE APPLICATION ONCE YOU COME FOR YOUR INITIAL VOLUNTEER MEETING. VOLUNTEERS UNDER 18 WILL NEED TO HAVE PARENT/GUARDIAN PRESENT TO SIGN VOLUNTEER APPLICATION.