



🐾 VETERINARY AFTER RESCUE KARE 🐾

VOLUNTEER APPLICATION FORM

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Contact Information

PRINT CLEARLY

Name (first & last): _____
Street Address: _____
City, State, Zip Code: _____
Phone Number (incl area code): _____
Alt Number (incl area code): _____
E-Mail Address: _____

Note: VARK will not sell or share your personal information with third parties, but will use the information provided to respond to inquiries and contact you about events that are relevant to the VARK Organization.

If under the age of 18, please list your full Date of Birth (mm/dd/yy) _____

Emergency Contact Information

Full Name & Relationship: _____
Contact Numbers (incl area code): (1st) _____ (2nd) _____

Full Name & Relationship: _____
Contact Numbers (incl area code): (1st) _____ (2nd) _____

Agreement, Waiver, and Release

I understand that as a Volunteer for Veterinary After Rescue Kare (VARK), VARK will not:

- (1) Pay for my services
- (2) Reimburse me for my expenses
- (3) Cover me by any insurance including but not limited to medical, property, health, liability insurance, and workers compensation benefits.

I further agree that my participation as a volunteer for VARK may be terminated at any time by VARK or by me. I recognize that my participation will may at times, if not wholly, unsupervised.

In consideration for being permitted by the above organization to assist and participate in this program, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage that I may have, or which hereafter may have accrue to me, as a result in participation in said program. This release is intended to discharge in advance the above organization and any other organization that falls within this program, (its officers, employees, or agents) from and against any and all liability arising out of or connected in any way with my participation in said program, even though that liability may arise out of negligence or carelessness on the part of the persons and/or organization (or its officers, employees, or agents). It is further agreed that this waiver, release and assumption or risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons, property owner, and entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said program.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE ORGANIZATION AND I SIGN IT OF MY OWN FREE WILL.

Volunteer Signature: _____ Date: _____ Printed Name: _____

If Volunteer is age 18 or Under, a parent / guardian is required to also sign this agreement

Parent/Guardian Signature: _____ Date: _____ Printed Name: _____

V.A.R.K.

Representative:
Date:

This form is to be returned to the Veterinary After Rescue Kare Secretary, Vice President, or President.