



SECOND CHANCE PET NETWORK VOLUNTEER FORM

Second Chance Pet Network* herein referred to as SCPN.
270 Wilson Road, Oxdrift, ON P8N 2Y5
Mailing Address: Box 343, Dryden ON P8N 2Z1

PLEASE PRINT

Date: _____

Please complete all sections of this form and return to Second Chance Pet Network. Those that are under 12 years of age require parental involvement as well.

Name: _____

Address: _____

Email Address: _____

Phone Number: _____ Cell: _____ Work: _____

Age if under 15: _____

I would like to WORK AT THE SHELTER (please list what you would like or are able to do).

I would like to WORK AT SECOND CHANCE TREASURES (please list what you would like or are able to do).

FUND RAISING (please list what you would like or are able to do).

Sell Tickets _____ Tag Dag _____ Mile of Loonies _____ BBQ _____ Dinners _____ K9 Rendezvous _____

Needle Exchange Program (NEP) _____

Would you like to help develop new fundraising ideas? Yes _____ No _____

Other: _____

CHILDREN`S WAIVER:

I _____, parent/guardian of _____ acknowledge that he/she will be performing volunteer services for Second Chance Pet Network. I further understand that certain risks may be associated with such volunteer activities. In consideration of him/her being permitted to perform such volunteer services for SCPN, I voluntarily and knowingly sign this waiver with the express understanding of waiving all rights or causes of action involving, without limitation, bodily injury or property damage to _____ while engaged, directly or indirectly, in such volunteer services whether caused by negligence of SCPN or its officers, directors, agents and employees. Further, I shall indemnify, defend and hold harmless the SCPN and its officers, directors, agents and employees from and against any and all liability, damage, loss cost and expense incurred as a result of any claim, demand, or cause of action brought against SCPN, its officers, agents or employees jointly or individually for bodily injury or property damage suffered as a result of his/her negligence, reckless, or wilful action in the performance of the volunteer services or as a result of the failure to perform the volunteer services.

I have read, understand, and agree to the above liability waiver.

Signed at Dryden, Ontario

Signature: _____ Print: _____

Second Chance Pet Network/Authorized Signature: _____

Date: _____

ADULT`S WAIVER:

I acknowledge that I will be performing volunteer services for Second Chance Pet Network. I further understand that certain risks may be associated with such volunteer activities. In consideration of being permitted to perform such volunteer services for SCPN, I voluntarily and knowingly sign this waiver with the express understanding of waiving all rights or causes of action involving, without limitation, bodily injury or property damage to myself while engaged, directly or indirectly, in such volunteer services whether caused by negligence of SCPN or its officers, directors, agents and employees. I am 18 years of age or older.

Further, I shall indemnify, defend and hold harmless the SCPN and its officers, directors, agents and employees from and against any and all liability, damage, loss cost and expense incurred as a result of any claim, demand, or cause of action brought against SCPN, its officers, agents or employees jointly or individually for bodily injury or property damage suffered as a result of his/her negligence, reckless, or wilful action in the performance of the volunteer services or as a result of the failure to perform the volunteer services.

I have read, understand, and agree to the above liability waiver.

Signed at Dryden, Ontario

Signature: _____ Print: _____

Second Chance Pet Network/Authorized Signature: _____

Date: _____

NOTES FOR OFFICE USE:
