



Long Ear Rescue Volunteer Application

P.O. Box 531, Greer, SC 29652 | longearrescue@yahoo.com

CONTACT INFORMATION

Name: _____

Address (Street, City, State & Zip): _____

Email: _____

Phone: _____ Circle One: Work / Home / Cell

Emergency Contact Name _____ Phone: _____

VOLUNTEER INTEREST

Interested in (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Farm Land Maintenance | <input type="checkbox"/> Pet Transport | <input type="checkbox"/> Client Care Follow Ups |
| <input type="checkbox"/> Pet Food & Supply Deliveries | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other |

Why are you interested in volunteering with Long Ear Rescue?

Please indicate your availability including as much details as possible:

Please list any of your prior experiences around large animals and/or rescue work:

ACKNOWLEDGEMENTS:

(Please read and initial the following statements)

_____ Some of Long Ear Rescue (LER) volunteer jobs require volunteers to be at least 18 years of age and to have a valid driver’s license with a good record.

_____ Long Ear Rescue reserves the right to obtain a background check on any volunteer at any time.

_____ I understand that risk is involved with any volunteer activity pertaining to Long Ear Rescue including, but not limited to, heaving lifting, stooping, pushing heavy carts/pallets, driving, handling & transporting animals, climbing stairs, walking on uneven terrain, entering homes of clients and working in spaces without climate control.

_____ I release and forever discharge and hold harmless Long Ear Rescue (LER) and all of its affiliates including any LER board member, LER volunteer or any other agencies that are associated with LER, and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with LER.

_____ I have read and signed the Waiver and Release of Liability attached hereto.

Print Name: _____

Signature: _____ **Date:** _____

*** Your signature above indicates that you have read, understand, and agree with the statements of this application ***

Signature of Parent/Guardian: _____ **Date:** _____

*** If seventeen years of age or under ***

ADMIN ONLY: Approved: _____	Denied: _____
Signature: _____	Date: _____