



NON-FOSTER VOLUNTEER APPLICATION

Name:

Preferred Pronouns:

Email Address:

Address:

Phone Number:

Are you employed? What is the nature of your employment?

Do you have any pets? If so, tell us about them!

Why are you interested in working with SAAV?

We are happy to take volunteers for any amount of time. So that we can best meet your needs, please let us know how much time would you like to donate?

What types of volunteer work are you interested in performing?

Do you have any special talents that you would like to use to help SAAV in its mission? Creativity? Communication skills? Fundraising skills?

How did you hear about us?

Please return this application, including the attached document, to us by email to info@saavprogram.org

I understand that this Waiver of Liability and Release Agreement (“Agreement”) is an important legal document. I, therefore, warrant and represent that by signing this Agreement, I acknowledge that I have carefully read and reviewed the entire document. I understand that I have the right to ask questions and consult with an attorney regarding this Agreement before I sign it. By signing below I hereby acknowledge and confirm that: (1) I have carefully read this Agreement; (2) the terms of this Agreement are acceptable to me; and (3) I am knowingly and voluntarily waiving (i.e., forever giving up) any right that I may have to bargain for different terms in this Agreement. I recognize that the volunteer services that I am providing are for the purpose of the charitable mission to prevent domestic abuse and/or animal cruelty. I am therefore willing to assume the risks of my participation as a volunteer in consideration of this valuable charitable mission.

I hereby knowingly, voluntarily, and irrevocably, agree to forever release, waive, discharge and covenant **NOT TO SUE** the SAAV Program, Inc. d/b/a Sheltering Animals of Abuse Victims (“SAAV”), the Dane County Humane Society (“DCHS”), and/or Domestic Abuse Intervention Services (“DAIS”), including any and all of their officers, directors, agents, representatives, employees, veterinarians, volunteers and fosterers, for any and all damages in any way arising out of my participation as a volunteer for The SAAV Program, including, but not limited to: property damage and/or bodily injury caused, or alleged to have been caused, in whole or in part, by the negligent acts or omissions of SAAV, DCHS, and/or DAIS. This release and covenant not to sue extends to any claims, charges, lawsuits, or actions of any kind against SAAV, DCHS, and/or DAIS, including, but not limited to, actions for breach of contract or tort. I hereby provide this Waiver and Release of Liability and Covenant Not To Sue to SAAV, DCHS and DAIS, including their officers, directors, agents, employees, veterinarians, volunteers, and fosterers, on behalf of me, my heirs, personal representatives, guardians or other representatives. A breach of this Agreement shall entitle SAAV, DCHS and/or DAIS to any and all damages resulting from the breach, including, but not limited to: attorneys’ fees and costs incurred by SAAV, DCHS and/or DAIS. This Agreement does not, however, release or modify defense and/or indemnity obligations that any insurer of SAAV, DCHS and/or DAIS may have to defend or indemnify me as a volunteer for claims covered under the insurance policies of SAAV, DCHS and/or DAIS.

I agree by signing below that I will abide by all confidentiality instructions provided by SAAV, DCHS and/or DAIS. I understand that confidentiality is important for the safety of the domestic abuse victims served by SAAV, DCHS and/or DAIS.

I HAVE READ AND UNDERSTAND THE ABOVE. I UNDERSTAND THAT BY SIGNING BELOW, I AM WAIVING AND SURRENDERING VALUABLE LEGAL RIGHTS. I AM SIGNING THIS AGREEMENT VOLUNTARILY TO AID IN THE VALUABLE MISSION OF SAAV PROGRAM, INC.

Signature _____ Date _____

Printed Name _____

