



# HEART

## Humane Evacuation Animal Rescue Team

P.O. Box 14205  
Spokane WA. 99214

Please mail to the above address or email to: [spokaneheartvolunteers@gmail.com](mailto:spokaneheartvolunteers@gmail.com)

### Volunteer Application

#### Volunteer Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

Best Contact Numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_

The following information will not be published, but will be kept for emergency use only:

#### Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have any medical conditions that would limit your ability to work as a Shelter or Evacuation Volunteer? If so, please explain:

**Vaccination Information:** Please list date of last Tetanus vaccine: \_\_\_\_\_

HEART Recommends that you consider Hepatitis , B and Rabies Pre-Exposure vaccines.

**Health insurance information:** HEART requires all volunteers to have their own health insurance.

If you would like to be a driver or transporter, please fill out the information below:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ Copy? Y/N

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

Horse/Livestock Trailer  
size: \_\_\_\_\_ Trailer Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

What training, if any, do you have working with animals?

Description:

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## Release/Waiver of Liability

I understand and agree as follows:

Certain types of emergency animal services/rescue training are inherently hazardous and dangerous activities, and events and activities related to or associated with such training and/or rescues can expose me to hazards and risks, both natural and artificial, that may result in harm, damage, personal injuries or death. ☐ \_\_\_\_\_(Initial here)

My participation in HEART sponsored training or rescues are entirely voluntary and I understand that I undertake such activity freely with full knowledge of risks involved. I assume all risk associated with such activity. ☐ \_\_\_\_\_(Initial here)

I further acknowledge that HEART is a charitable organization and by participating in HEART sponsored training or rescues I become and will be an intended beneficiary of its charitable services. I will obey and comply with all rules and regulations or instructions given by both HEART, and its instructors. I have a duty to ask questions and clarify any rules, regulations, or instructions if I do not understand, fully comprehend, or have any doubts about them or any part of them.

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT WHICH IS INTENDED TO PROVIDE A COMPREHENSIVE RELEASE OF LIABILITY, BUT IS NOT INTENDED TO ASSERT ANY CLAIMS OR DEFENSES WHICH ARE PROHIBITED BY LAW.

By signing this Release/Waiver, I give up any right I may have to bring an action to recover compensation or obtain any other remedy for any injury to myself or my property or for any death however caused arising out of participation in HEART sponsored training and/or rescue, now or in the future. This Release/Waiver shall operate for the benefit of the HEART, itself, as well as its training instructors, directors, leaders and workers.

I REPRESENT AND ACKNOWLEDGE THAT I HAVE READ THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND EACH AND EVERY PROVISION AND THAT I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date