



Volunteer Information and Waiver

Thank you for volunteering with Walk a Hound, Lose a Pound, Inc! Please complete and return this form to:
Paula Puntenney, Walk a Hound, Lose a Pound, Inc, 6102 Indianola Ave, Indpls, 46220

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell phone: _____ Email _____

Which method of contact do you prefer? _____

Emergency Contact/ Phone: _____

What is your current occupation? _____

Have you had any previous experience in training or caring for shelter animals or working with an animal welfare group? Yes ___ No ___

If so, please describe your experience: _____

Why are you interested in volunteering for Walk a Hound Lose a Pound, Inc.?

What type of volunteer work are you interested in?

- Hands on work with animals: for example, temperament testing and screening of shelter and local foster dogs; socializing skills with participating dogs; grooming dogs prior to events.
- Transporting dogs to and from events; assisting shelters with loading and unloading dogs for transport..
- Liaison to work with local shelters and foster groups to organize participation in Walk a Hound, Lose a Pound events.
- Fitness Leader: Develop structured fitness programs focused on dog walking. Assist with collecting and reporting data.
- Humane Education: Organize and work with other animal welfare groups to promote humane education
- Event planning: Help organize Walk a Hound, Lose a Pound programs, including Habitat for Dogmanity events.
- Marketing and publicity: Work with the Director of Marketing to develop publicity materials, on line questionnaires and tools to feature participating shelters and other humane groups.
- Fundraising: Work with Director of Fundraising to develop relationships with local businesses, develop partnerships and solicit funding.
- Clerical assistance

When are you normally available to volunteer? Weekdays _____ Evenings _____ Saturdays _____ Sundays _____

Do you have an idea of how often you would be available to volunteer? Weekly _____ Bi-Monthly _____ Monthly _____

Add any additional comments _____

**Walk a Hound, Lose a Pound, Inc.
Volunteer Agreement**

This waiver and release of liability, indemnification and hold harmless agreement is between the undersigned volunteer and *Walk a Hound, Lose a Pound, Inc.* and its directors, officers, agents, legal representatives and successors ("WAH LAP") as follows:

Initials

I am aware of the nature and hazards of participating in a program related to walking and socializing dogs, which includes but is not limited to the possibility of being bitten, exposed to infectious diseases or parasites which could result in serious injury or death. I understand that WAH LAP cannot guarantee or be held responsible for the health, behavior or temperament of the dog I may handle or any injuries I may sustain as a volunteer for WAH LAP.

I agree that my participation in this program is strictly voluntary and I freely choose to participate. I understand that WAH LAP does not provide any form of compensation or medical coverage for me. I will be responsible for any medical costs I incur as a result of my participation as a WAH LAP volunteer.

In the event of sudden illness, accident, or injury which may occur while I am participating in an activity as a WAH LAP volunteer, I hereby give my consent for emergency medical treatment by any physician or other health care provider licensed by the State of Indiana as necessary under the circumstances.

I understand that WAH LAP may take photographs, video and/ or audiotapes and give permission for their use in WAH LAP publications and news releases.

I will remember that in all my dealings with the public as a volunteer, I am representing WAH LAP, and that the public will consider my words and actions regarding outreach activities representative of the attitude and position of WAH LAP. If I enter into activities of a political or controversial nature, I am doing so as an individual, not as a representative of WAH LAP.

I acknowledge that WAH LAP is a non-profit corporation and that I may not profit from any activity related to it. I understand that I may not enter into agreements for WAH LAP and that any requests of this nature must be forwarded to the Board of Directors.

I accept full responsibility for expenses I incur as a WAH LAP volunteer. Although I may be reimbursed by WAH LAP, I must have prior approval from an officer of WAH LAP, as well as the necessary documentation and receipts to be reimbursed for any expenses in connection with volunteering for WAH LAP.

I acknowledge that I am accompanying a child or children under the age of 18 years and I will be supervising and assuming responsibility for the action(s) of this child/ these children as a WAH LAP volunteer.

I agree, for myself and my heirs and personal representatives, known and unknown, to indemnify, release and hold harmless WAH LAP from any and all liability for any casualty, loss, damage, injury, or death, which is a direct or indirect consequence my participation in a WAH LAP event, activity or program, notwithstanding the fact that such casualty, loss, damage, injury, or death may have been caused in whole or part by the negligence of the WAH LAP.

I acknowledge and agree that I have carefully read this Agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this Agreement. I attest to the fact that I am at least 18 years of age.

Name (Printed)

Signature

Date