



200 E. Miracle Heights Drive
Shelton, WA. 98584
206-817-4495

roamwolfdogsanctuary@gmail.com

Roam Volunteer Profile/Waiver

Thank you for your interest in becoming a Roam Wolfdog Sanctuary employee. Please complete the profile below, read the volunteer performance guidelines and sign the volunteer waiver. Bring your completed profile and waiver to your volunteer orientation. Thank you!

Personal Information:

(Information is for Roam Wolfdog Sanctuary use only)

Date Completed: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

Mailing Address: _____

City _____ Zip _____

Home Phone: _____ Work Phone: _____

May we contact you at work? _____

Cell Phone: _____ Email Address: _____

Emergency Contact Name: _____

Relationship: _____ Primary Phone: _____

Alternate Phone (please list type): _____

Have you visited the sanctuary for a tour? Yes No

If so, when was your most recent visit? _____

Are you currently a student? Yes No

If so, where? _____

Are you currently employed? Yes No

If so, where?

Indicate which program(s) that you are interested in participating in:

Animal Enrichment Public Outreach Education
 Construction Animal Photographer Development. Tours
 Landscaping. General Office Assistant. Veterinary Care
 Dog Training Grant Writing. Photography. Graphic Design

Indicate any of the following skills or experience you have:

Data Entry Event Planning. Animal Care
 Writing (for publication). Second Language (please list)
 Carpentry/ Construction Fundraising. Maintenance
 Education

Please answer the following questions so we may get to know you better:

How did you hear about our volunteer opportunities? _____

Have you had any previous experience as a volunteer? If so, where and what kind of work did you do?

Why have you chosen to volunteer with Roam Wolfdog Sanctuary?

What are your hobbies and interests? Are you involved with any other clubs, organizations or associations?

What kind of work experience do you have relative to the volunteer position(s) you are interested in?

Do you have any physical limitations, medical conditions, or allergies that we should be aware of?

On average, how many hours could you commit each month? Are there any days you prefer to volunteer?

Are you able to commit to a minimum of three hours per week? Yes No

Are you able to make a minimum six-month commitment? Yes No

If no, why?

Do you have a valid Washington driver's license? Yes No

Date Processed: ____ / ____ / _____

Do you have your own transportation? Yes No Is it 4WD/AWD? Yes No

Is there any other information that you would like to provide?

Roam Wolfdog Sanctuary Agreement Terms & Conditions

1. I have read and am in agreement with the mission, goals, and services of Roam Wolfdog Sanctuary. I have read and will abide by the Volunteer Performance Guidelines.

2. My services to Roam Wolfdog Sanctuary are provided strictly in a voluntary capacity as a volunteer, and without any expressed or implied promise of salary, compensation or other payment of any kind whatsoever. I am not an employee of Roam Wolfdog Sanctuary.

3. My services are furnished without any employment-type benefits, including employment insurance programs, unemployment insurance, worker's compensation, vacations, or sick time.

4. I will familiarize myself and comply Roam Wolfdog Sanctuary policies and procedures applicable to volunteers. In particular, I fully understand that Roam Wolfdog Sanctuary expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a volunteer.

5. I will hold absolutely confidential all information that I may see concerning animals, staff, donors and volunteers. I agree not to seek or obtain confidential information from Roam Wolfdog Sanctuary. I understand that an intentional violation of confidentiality may result in my dismissal as a volunteer at Roam Wolfdog Sanctuary and/or possible legal action.

Acknowledgment & Assumption of Risks

Roam Wolfdog Sanctuary maintains high levels of training and employs experienced animal handlers and activity leaders. However, volunteer activities may involve risks, hazards, and dangers. Some risks are inherent in the activities and cannot be eliminated or reduced. These inherent and other risks, hazards, and dangers can cause injury, property damage, illness, mental or emotional trauma, disability, or death. I understand that Roam Wolfdog Sanctuary does not want to frighten me or reduce my enthusiasm for these activities, but believes that it is important for me to know in advance what to expect and to be informed of the risks.

Some, but not all of these risks, hazards, and dangers include: physical injury from animals, bites, scratches, clawing, allergic reactions, and animal borne illnesses. Roam Wolfdog Sanctuary staff must make various judgments and decisions as they conduct activities in changing environments. These judgments are, by their nature, imprecise and subject to error.

Consequently, there are risks involved in decision making and conduct, including, without limitation, the risk that a Roam Wolfdog Sanctuary representative may misjudge an animal.

I understand that the above description of risks is not complete and that other unknown or unanticipated risks, hazards and dangers may result in injury, damage or other loss. I acknowledge that Roam Wolfdog Sanctuary staff is, and have been available, should I have further questions about the nature and physical demands of these activities and the risks, hazards and dangers associated with these activities. I understand the presence of Roam Wolfdog Sanctuary personnel is no assurance of my safety or the lessening of these risks.

My participation in these activities is purely voluntary and I choose to participate in spite of and with knowledge of these risks. Therefore, I, assume and accept full responsibility for myself, for those risks identified here and for those risks not identified, and for injury, death, property loss or expenses suffered by myself and them, resulting from those risks, and resulting from my own negligence.

Assumption of Risk, General Release & Indemnity Agreement

I for and on behalf of myself and my children, heirs, executors, administrators and representative, agree to release, indemnify and defend Roam Wolfdog Sanctuary, its officers, employees and representatives with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable attorneys fees) made or brought by anyone, arising out of any injury, damage, death, or other loss in any way connected with my participation in Roam Wolfdog Sanctuary or use of Roam Wolfdog Sanctuary or facilities. This agreement includes any losses claimed to be caused, in whole or in part, by the negligence of Roam Wolfdog Sanctuary. I understand and I agree here to waive all claims against Roam Wolfdog Sanctuary and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit of any kind against Roam Wolfdog Sanctuary as a result of any injury, damage, death or other loss suffered by me.

I agree that this and all other aspects of my relationship with Roam Wolfdog Sanctuary governed by Washington State law. Further, any mediation, suit, or other proceeding arising out of or relating to my participation in Roam Wolfdog Sanctuary, must be filed exclusively in the State of Washington, and Washington State law shall apply. I also agree that if I assert a claim or file(s) a suit against Roam Wolfdog Sanctuary, I will pay all costs and attorney's fees incurred by

Roam Wolfdog Sanctuary defending that claim or suit, if the claim or suit is withdrawn or dismissed, or to the extent a court determines that Roam Wolfdog Sanctuary not responsible for the injury or loss.

I authorize Roam Wolfdog Sanctuary to obtain or provide medical care for me, or to transport me to a medical facility. I further authorize Roam Wolfdog Sanctuary staff or other medical personnel to render such treatment they deem necessary for my health. I agree that Roam Wolfdog Sanctuary has no responsibility for medical care provided to me, and I agree to pay all costs associated with such care or evacuation whether or not authorized by me.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions of the Document, and those remaining provisions shall continue in full force and effect.

I have carefully read, understand, and voluntarily sign this document and acknowledge that it shall be effective and binding upon myself, my family, heirs, executors, representatives and estate.

Volunteer Signature	Date Please	Print Name
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PHOTO RELEASE

I authorize Roam Wolfdog Sanctuary of Washington and/or Roam Wolfdog Sanctuary parties designated by Roam Wolfdog Sanctuary, to use my photo for sale or reproduction for advertising, display, audiovisual, exhibition or editorial use.

Volunteer Signature	Date Please	Print Name
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