



S.A.F.E. Volunteer Agreement

S.A.F.E. Pet Rescue
P.O. Box 840215
St Augustine, FL 32080-0215
904-460-0556

www.safe-pet-rescue-fl.com

E-mail:Rnordan_se1@comcast.net

SAFE (Saving Animals from Euthanasia) Pet Rescue and Thrift Shop is a non-profit, all volunteer organization. Our mission is to rescue as many cats and dogs from high kill shelters as possible when their time is up. The majority of the pets are in foster homes. A limited number stay at the office until a foster becomes available. The purpose of the Thrift Shop is to generate the funding needed for the medical needs and daily care of the animals. It is only with the help of our volunteers that we are able to save the lives of 50-60 pets each month.

NAME OF VOLUNTEER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ CELL PHONE _____

E-MAIL ADDRESS _____

DRIVER' s LICENSE # _____

VOLUNTEER OPPORTUNITES

_____ PETS: Dog Walker _____ 1PM, _____ 4:30 PM ; _____ Dog Handler at Adoption Day
_____ Bathing Dogs

_____ Thrift Shop: _____ Sorting and Hanging Items; _____ Rearranging items:
_____ Maintaining Appearance- cleaning, dusting ; _____ Cash Register
_____ Pick up Donations

_____ Office- _____ Answering Phone, _____ File

I am available to volunteer on the following day (s):

_____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun

I would like to volunteer _____ day(s) each week

I understand that all foster animals remain the property of SAFE Pet Rescue and SAFE retains all rights regarding the animal in foster care.

I agree that SAFE Pet Rescue of Northeast Florida is not and shall not be responsible for any damage or injury to any person, property or any animal caused directly or indirectly by the pet I have chosen to foster and I hereby indemnify and hold SAFE harmless from any and all liability by reason of any such damage or injury caused by this fostered pet.

INITIAL _____

SIGNATURE OF VOLUNTEER _____

DATE: _____

SAFE REPRESENTATIVE _____

DATE: _____