

**Best Friends in Harford County, Inc.**  
**P.O. Box 258**  
**Abingdon, Maryland 21009-0258**

**Phone:** (443) 390-6676  
**Email:** bestfriends@bestfriendsinharfordcounty.org  
**Website:** www.bestfriendsinharfordcounty.org



## **Volunteer Application Form**

Best Friends is an organization dedicated to helping animals in need in Harford County. Based upon the ideals of the [Best Friends Animal Society](#) in Utah, we seek to network with, unite, and assist the animal rescue groups in Harford County to best help find forever homes for our animals as well as provide safe havens and foster homes, lessening the need for euthanizing unwanted or stray animals. We currently are focused on controlling community cat populations through TNR (Trap-Neuter-Return). We are seeking volunteers to assist us in our mission.

### **How to Volunteer**

1. Please read and fill out this application completely, including your phone number.  
*(NOTE: This is an interactive electronic form.)*
2. Email this application as an attachment to bestfriends@bestfriendsinharfordcounty.org.
3. You will be contacted by our staff for an orientation and to discuss volunteer opportunities.

### **I. Personal Information**

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

*Note: If you are under 18, this person must be a parent or guardian*

***How did you hear of Best Friends in Harford County's volunteer program?***

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**Have you ever adopted or fostered a pet from Best Friends in Harford County?** Yes  No   
If yes, please let us know who it was and when.

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**Have you previously volunteered for Best Friends in Harford County?** Yes  No   
If you have volunteered with us before but left, what was your reason for leaving?

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**Are you affiliated with or do you belong to any other animal welfare organization?** Yes  No   
If yes, please let us know which ones and how you participate.

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## II. Volunteering and Areas of Interest

**Why would you like to volunteer with Best Friends in Harford County?**

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**Areas of Interest** (Please check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Foster Care      | <input type="checkbox"/> Shadow Cats T-N-R Program     | <input type="checkbox"/> Adoption Events     |
| <input type="checkbox"/> Animal Transport | <input type="checkbox"/> Adoption Counseling/Screening | <input type="checkbox"/> Education/Teaching  |
| <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Special Event Planning        | <input type="checkbox"/> Marketing           |
| <input type="checkbox"/> Clerical/Office  | <input type="checkbox"/> Special Events Support        | <input type="checkbox"/> Digital Photography |
| <input type="checkbox"/> Social Media     | <input type="checkbox"/> Technical Support             | <input type="checkbox"/> Other: _____        |

**III. Background and Experience**

***Please indicate any experience you have in the areas of interest checked off in the prior section.***

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***Have you ever had any formal education/training in pet care or animal welfare?*** Yes  No

When? \_\_\_\_\_ Where: \_\_\_\_\_ How long? \_\_\_\_\_

When? \_\_\_\_\_ Where: \_\_\_\_\_ How long? \_\_\_\_\_

When? \_\_\_\_\_ Where: \_\_\_\_\_ How long? \_\_\_\_\_

***Have you ever worked with any other volunteer organizations?*** Yes  No

When? \_\_\_\_\_ Where: \_\_\_\_\_ How long? \_\_\_\_\_

When? \_\_\_\_\_ Where: \_\_\_\_\_ How long? \_\_\_\_\_

When? \_\_\_\_\_ Where: \_\_\_\_\_ How long? \_\_\_\_\_

***Please indicate any other professional experience you've had that may be helpful in volunteering with Best Friends in Harford County.***

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***Please indicate any other information you feel may be helpful in volunteering with Best Friends in Harford County.***

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## Volunteer Agreement

If accepted as a BFHC Volunteer, your signature below indicates that you have read, understand, and will abide by the terms of this Volunteer Agreement:

- ❖ I will treat all animals and other volunteers with respect.
- ❖ I will abide by all BFHC Standard Operating Procedures and policies.
- ❖ I agree to be supervised as appropriate by BFHC personnel and will report any problems that arise directly to the proper BFHC representative.
- ❖ I understand the possible risk of transferring disease-causing microorganisms from BFHC's foster homes, offsite adoption events, or kittens/cats from TNR procedures to my personal animals or vice versa and must have current vaccinations for my home pets, as appropriate.
- ❖ I understand that there is a potential of being exposed to Rabies from an unvaccinated or recently vaccinated animal. It is recommended that a Pre-Rabies vaccination be obtained at my personal expense if I feel that I may be at risk of exposure.
- ❖ I understand the potential safety risks of working with animals and may not bring friends or relatives with me while volunteering with BFHC unless they have submitted a Volunteer Agreement and Waiver of Liability or if prior arrangements have been made in advance with BFHC personnel.
- ❖ I am current on my tetanus vaccination and covered by a personal health insurance plan.
- ❖ I authorize BFHC representatives to seek emergency medical treatment for me in case of accident, injury, or illness.
- ❖ I agree to indemnify and hold harmless BFHC, its officers, agents, and volunteers from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by BFHC, its officers, agents, and volunteers. (I understand that as an animal rescue group, BFHC cannot afford to be held liable for carelessness or neglect on my part.)
- ❖ If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by BFHC personnel, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the discretion of BFHC management.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If under 18, Signature of Parent/Guardian: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_



Best Friends in Harford County, Inc.  
**Volunteer Waiver and Release of Liability**

DATE: _____	DATE OF BIRTH: _____
NAME: _____	CELL PHONE: _____
ADDRESS: _____	HOME PHONE: _____
_____	WORK PHONE: _____
CITY/STATE/ZIP: _____	
E-Mail: _____	

I, the undersigned, agree to release, discharge, indemnify, and hold harmless Best Friends in Harford County, Inc. (BFHC), its officers, agents, and volunteers from any and all claims, demands, losses, costs, liabilities, damages, expenses, and suits in law or in equity that may arise out of my performing services for BFHC, its officers, agents, or volunteers.

I recognize that in handling animals while performing services for BFHC, there exists a risk of injury including, but not limited to, personal physical harm. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify, and hold harmless Best Friends in Harford County, Inc., its officers, agents, and volunteers from any claims, demands, losses, costs, liabilities, damages, and expenses connected with my services to or for BFHC or my participation agreement, whether caused directly or indirectly by any negligence (active or passive) attributable to BFHC, its officers, agents, and volunteers.

I have read and fully understand the Terms and Conditions of this Volunteer Agreement, Waiver, and Release of Liability and I agree I will comply with said Terms and Conditions, as described herein.

***BFHC MAKES NO REPRESENTATIONS CONCERNING ANY ANIMAL'S EXPOSURE TO RABIES OR OTHER DISEASE OR PARASITES SUCH AS FLEAS, TICKS, AND WORMS.***

As a Volunteer within BFHC's animal programs, I fully understand that BFHC does not provide participants with medical insurance, worker's compensation, or automobile liability insurance coverage.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is younger than 18 years of age, the parent/legal guardian shall agree to the following: As a parent or legal guardian of the above named person. I hereby give my consent to allow the undersigned to volunteer with Best Friend's in Harford County, Inc. and comply with the conditions of this Volunteer Agreement, Waiver and Release.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_