

PetsNPatients NonForProfit Volunteer Pet Care Provider **Application**

PetsnPatients is a 501c3 IL tax exempt charity. We are a small grass roots, all volunteer group, resourcing pet care for patient's pets who may be at risk of permanent companion pet loss or need support services for lack of human resources to care for their pets for an interim period of time.

We are building a volunteer network of pet care providers to prevent pets from being sent to a rescue to re-home, released elsewhere, surrendered to high kill animal control or euthanized for convenience.

We seek pet sitters to donate a pet sit annually to PetsNPatients and become a part of our care network. We seek private homes to volunteer their homes as a pet respite home.

We encourage pet rescues, volunteers, boarding centers, veterinarians and other responsible parties to help qualified patients that love their pets but are facing the most severe health crises.

INDEMNITY WAIVER AND RELEASE OF LIABILITY

I, _____, am over 21 years of age and wish to participate as a volunteer with PetsNPatients NonforProfit as a pet respite caregiver.

As consideration for being permitted by PetsNPatients NFP to participate as a volunteer, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute PetsNPatients NFP (or its employees, agents or contractors) for any death, personal injury or property damage resulting from my participation as a volunteer.

I hereby release and discharge PetsNPatients NFP (and its directors, staff, employees, agents or contractors) from any actions, claims or demands I now have or may hereafter have for any death, personal injury or property damage arising out of or in connection with my participation as a volunteer.

This release of Liability is intended to discharge in advance, PetsNPatients NFP (and its directors, staff, employees, agents and contractors) from and against any and all liability arising out of or connected in any way with my participation as a volunteer; even though that liability may arise out of negligence on the part of PetsNPatients NFP (or any of its directors, staff, employees, agents or contractors).

1. I am an experienced pet care giver and do this work as my full/part time as my business or other pet related employment.

I am insured with pet sitters insurance by: _____

and attach a copy of my current insurance certificate which expires on: _____ date.

2. I am not an experienced pet sitter as a part of my employment, however I am a pet care giver but care for my own pets privately. My Veterinarian is:

_____ and can be contacted as a reference.

3. I care for my own pets and also volunteer within another pet rescue as a foster home with PET RESCUE.

NAME: _____

Address: _____

Phone: _____

Dept of Ag License #: _____

Contact for Rescue: _____

Ref: _____

All Insurance coverage is my own home owners or renters insurance. I must have a current driver's license and insurance if using a car for volunteer activities. Copy of information will be provided to have on file.

IL Driver's License # and expiration date: _____

Provide Copy with Photo ID

Home Insurance carrier and policy #: _____

Auto Insurance carrier and policy # _____

I further understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, I hereby agree to assume those risks and to release from liability all of the persons or entities mentioned above who might otherwise be liable to me (or my heirs or assigns) for damage.

I understand that some volunteer activities may be potentially hazardous and could result in bodily injury. Knowing these risks, I acknowledge that these hazards may exist and willingly accept the risk of injury. It is understood and agreed that this Waiver and Release of Liability is to be binding on my heirs, guardians, legal representative or assigns.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE FROM LIABILITY AND A CONTRACT BETWEEN ME AND PetsNPatients NFP AND I SIGN IT OF MY OWN FREE WILL.

Name Printed: _____

Signature & Date: _____

Address, City, State & Zip:

Email: _____

Phone/Cell: _____

Witnessed by: _____

Date: _____

Email: _____

Phone/Cell: _____

PetsNPatients NFP Acceptance:

Representative Signature: _____

Date: _____

Mail To: **PetsNPatients NonforProfit, 220 Elmwood Drive, Naperville, IL 60540**

Must have Original Copy on our File and we will mail you a copy or scan and email acceptance copy.

PetsnPatients is a 501c3 IL tax exempt charity. Resourcing pet care while you recover. Our grassroots mission is to generate a greater national awareness of the positive healing nature of companion animals for patients enduring a health crises. We seek to help maintain relationships between patients and their pets. We share stories of companion bonding in healing on our website and calendars. There is a bond that promotes wellness between pets and their human companion as we share these stories "about love, laughter and healing, one tail at a time."

www.petsnpatients.org