



# FIDO

FRIENDS INVOLVED IN DOG OUTREACH



Thank you for becoming a FIDO volunteer!

Please print and complete the two page application and complete the appropriate release form. Bring the forms with you to the event you will be volunteering at.

We look forward to having you join us.

Jackie Catto  
FIDO President



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## VOLUNTEER APPLICATION

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best way to reach you: \_\_\_\_\_ Best time: \_\_\_\_\_

How did you learn about FIDO and why are you interested in volunteering?

\_\_\_\_\_  
\_\_\_\_\_

What type of volunteer position are you interested in? Check all that apply:

Fundraising (includes special events; donation solicitation, marketing/advertising and PR for fundraising events; fundraising newsletter; etc.)

Customer Service/Administrative Work (Includes phone work, data entry, photocopying, helping with direct mail campaigns, document creation, etc.)

Public Outreach (Includes flyer distribution, educational/promotional events, etc.)

Other (not listed above):

\_\_\_\_\_  
\_\_\_\_\_

Please list any specific skills/experience that you have that may benefit FIDO:

\_\_\_\_\_  
\_\_\_\_\_

What amount of time are you willing to commit as a FIDO volunteer?

Per week? \_\_\_\_\_ Per month? \_\_\_\_\_ For what duration? \_\_\_\_\_

Please mark your time of availability with an X or explain \_\_\_\_\_

\_\_\_\_\_

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
am	am	am	am	am	am	am
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening



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**References (only one reference may be a relative)**

*Professional Reference (work or volunteer-related)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

*Personal Reference*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

By signing this agreement, I acknowledge that I fully understand the goals and mission of FIDO (as outlined on the FIDO web site, [www.fido-clackamas.org](http://www.fido-clackamas.org). As a FIDO volunteer, I agree in good faith to work toward these goals and to represent this mission in any and all contact I may have with the community on behalf of the organization. I recognize that I may be in contact with confidential information about FIDO I agree to keep all such information confidential and not share this information with anyone other than the FIDO Board of Directors. I will respect everyone's right to privacy.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**FIDO Use Only**

\_\_\_\_\_ Active Date  
\_\_\_\_\_ Inactive Date      Reason \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## **PARTICIPATION AND RELEASE FORM ADULT CONSENT**

I, \_\_\_\_\_, execute this release on my own behalf, and I am a competent adult. In consideration of being allowed to participate in FIDO and AniMeals volunteer activities, I hereby release Clackamas County/FIDO from any and all claims for damages, injuries or sickness, which may result either directly or indirectly from those activities. I am aware that potentially dangerous conditions exist.

I have satisfied myself that the risk of harm from participating in these activities is acceptable. I have also satisfied myself that I am physically able to undertake and complete these activities.

I understand and acknowledge that Clackamas County/ FIDO is not responsible for any injuries, damages or sickness that may result from my participation in these activities, and I understand that I would not be allowed to participate in the activities if I did not execute this consent and release.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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



# FIDO

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## **PARTICIPATION AND RELEASE FORM ADULT CONSENT FOR MINOR CHILD**

I, \_\_\_\_\_, execute this release on behalf of my minor child, \_\_\_\_\_ and I am a competent adult. In consideration of my child being allowed to participate in FIDO and AniMeals volunteer activities; I hereby release Clackamas County/FIDO from any and all claims for damages, injuries or sickness, which may result either directly or indirectly from those activities. I am aware that potentially dangerous conditions exist.

I have satisfied myself that the risk of harm from participating in these activities is acceptable. I have also satisfied myself that my child is physically able to undertake and complete these activities.

I understand and acknowledge that Clackamas County/ FIDO is not responsible for any injuries, damages or sickness that may result from my participation in these activities, and I understand that my child would not be allowed to participate in the activities if I did not execute this consent and release.

Minor Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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