Purradise Gardens

Purradise Gardens Volunteer Application 2024

Shelter address: 921 No Name Lane, Naples, FL 34120

Mailing address: 2641 Airport Rd South, Suite A108, Naples, FL 34112

email to

WHY THE KITTIES NEED YOU:

megan@naplescatalliance.org

Purradise Gardens is a Free-Roaming, 100% Volunteer & Donation Run, Limited-Admission cat shelter. This means that no one takes any money for their services and we do NOT euthanize for space; however, this limits the number of cats and kittens we can take in. There are many ways you can make a difference and help give PG's kitties the Gift of Shelter. >^..^<

ALL NEW VOLUNTEERS ARE REQUIRED TO COMPLETE THIS FOUR PAGE VOLUNTEER APPLICATION:

The minimum age to volunteer is 14 years old. Children ages 14 to 17 have animal handling limitations and are required to volunteer with a parent. Both parent and child are required to complete a separate application and volunteer together.

First Name	Last Name		_ Date of Bir	th/	
Parent's N	ame (if under 18 years)			
Mailing Address		City	State	Zip	Phone
(cell)	Email				Occupation
Employed: YES NO	Retired: YES NO	Student: YES NO			
Workplace/ School Name		Position	Phone (w	ork)	Do
you live here Year Round	? YES NO If no, wh	at months are you in SWFL? _			Are
you volunteering to fulfill	Community Service? N	NO YES If yes, how many ho	urs are requir	ed:	
Do you have any disabilit	ies or limitations? If so	, please explain			
Do you own pets? Cats_	Dogs	Other	Spaye	d/Neutered	?
Describe your experience	working with animals _				Previous
volunteer experience					How did
you hear about Naples C	at Alliance?				Why do
you want to volunteer at Naples Cat Alliance?					Is there
anything else you want us	s to know?				

PLEASE CIRCLE ALL AREAS THAT INTEREST YOU:

SHELTER MAINTENANCE ~ Cleaning the Shelter, Scooping Litter boxes, Laundry, Dishes, Feeding Cats, Unloading Deliveries, Taking Inventory, Organizing the Shelter

Shifts: Usually M-F 9-1pm & 4-8pm Sat-Sun 9-8pm

FUNDRAISING ~ At Special Events, on Social Media, Phone Calls, Emails, Contacting Local Businesses, Rescue Raffles, Requesting Donations *Shifts: Vary*

TRANSPORT ~ Cats for Vet Appointments, Picking up Supplies from Local Businesses, Picking up Local Donations & Cash from Donation Boxes *Shifts: Vary*

ADOPTION CENTER ~ Assist with Adoptions, Phone Calls, and Home Visits

Shifts: Adoption Center Hours Sat & Sun 12-4pm

FEEDING CAT COLONIES ~ Local Areas Shifts: Vary

TNR ~ Trap, Neuter, & Return Locally Shifts: Vary

SPECIALIZED NEEDS ~ Medical Care of Clinic Cats, Fostering Kitties at Home, Cat Socialization Shifts: Usually M-F 9-1pm & 4-8pm Sat-Sun 9-8pm

SPECIAL EVENTS ~ Large Annual Fundraiser, Yard Sales, Luncheons, etc. *Shifts: Vary*

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How Long Do You Plan to Volunteer	R? (WEEKS, MONTHS, YEARS):	NUMBER
OF HOURS YOU ARE AVAILABLE TO VOLU	NTEER PER WEEK:	PLEASE
CIRCLE ALL AVAILABLE TIMES: (SHELTE	R MAINTENANCE IS WHERE WE NEED THE MOST I	HELP)
Mon AM Mon PM ~ Tues AM Tu	ues PM ~ Wed AM Wed PM ~ Thurs AM	I Thurs PM
Fri AM Fri PM ~ Sat AM Sat A	Afternoon Sat PM ~ Sun AM Sun Afternoor	n Sun PM
This waiver and release of liability, indemnit the Purradise Gardens, 921 No Name Lane	EMNIFICATION AND HOLD HARMLESS AGREEMEN fication and hold harmless agreement is between e, Naples, FL 34120 and its directors, officers, men ntatives, and successors (hereinafter referred to a	the Volunteer and nbers, volunteers,
WAIVE and RELEASE the PG from all claims and demands for or by reason of which has been or may be sustained as a for the PG and notwithstanding that such	Ider, I hereby understand and agree to the following liability, manner of actions, causes of action, any illness, death, damage, loss or injury to personate or indirect consequence of the Volunteers of the damage, death, illness, loss or injury may have to INDEMNIFY and HOLD HARMLESS the Poof my volunteering at or for the PG.	debts, contracts, son and property, volunteering at or ave been caused
that I freely and voluntarily execute the same this Agreement. I understand that this Agree personal representatives and assigns and	efully read this Agreement, that I fully understance. I understand that I may seek independent advicement is binding on me, my spouse, my executor that this Agreement has important legal consequence recitals. This Agreement will be construed in lorida.	ce prior to signing s, administrators, ences. The terms
Signature of Volunteer	Date	Signature
of Parent (if under 18 years)	Date	Emergency
	Phone	
South, Suite A108, Naples, FL 341	ent by mail to: Purradise Gardens, 2641 Ai 12 or scan and email to megan@naplescatallian pleted applications to the shelter. Thank y	nce.org
FOR OFFICE USE ONLY:		
DATE APP RECEIVED:	RECEIVED BY:	
DATE VOLUNTEER CONTACTED:	APPROVED BY:	
Notes:		
VOLUNTEER FIRST DAY:		

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VOLUNTEER PARTICIPATION WAIVER RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

Naples Cat Alliance is a donation-based, volunteer-based, limited-admission charitable organization. We rescue cats from the streets and from kill shelters, and get them adopted into homes. In order to accomplish this mission, PG relies on volunteer help and participation.

	In order to volunteer with Purradise Gardens,	
	I,(or the Volunteer's legal guardian, on the Volunteer's behalf	, the volunteer agree:)
1.	SAFETY RULES For the safety of myself and others, I will comply with safety rules and directions at all tin	nes onsite and offsite and
	for activities in which I engage as a volunteer. I will not bring in any household cleaners of Lysol, Clorox Wipes, Air Fresheners, etc. I will supervise any participating child or other plegally responsible and ensure that those person(s) are following the safety rules and directions.	or chemicals, such as person for whom I am
2.	become aware of any danger or hazardous condition at PG sites, including animal welfare, I will report such conditions to the Board of Directors.	INITIALS
3.	Not an EmpLoyee I am not an employee of Purradise Gardens. I understand that I will not be paid for my pam not covered by or eligible for any insurance, health care, worker's compensation, or choose not to participate in any PG activity or to stop participation as a volunteer comple acknowledge that neither PG nor any joint ventures, partners or otherwise jointly engage PG, including those in which I may	other benefits. I may tely at any time. I
	participate as a volunteer are not considered an employer.	INITIALS

4. AWARENESS AND ASSUMPTION OF RISK

I understand that my participation as a volunteer has the inherent risk of death or injury to me and damage to my property. These risks may result not only from my own actions or inactions, including animal handling, but also from the actions or inactions of PG, PG's directors, officers, employees and agents, other volunteers or others present while I am acting as a volunteer. These risks may also arise from the condition of the animals present at the site, or the equipment and tools available, slippery floors, or the weather or other environmental or local conditions, or travel to and from the program sites. I assume full responsibility for any and all risks of death, bodily injury or property damage, including, without limitation, those identified in this Section 4, caused by or arising directly or indirectly from my participation as a Volunteer, regardless of the cause, even if that risk or harm is caused by other person's negligence, whether passive or active. I understand that some of the cats at the shelter are feral and/or unpredictable, and may result in my injury, and I accept and assume that risk.

	_	
INITIAL	S	

5. Waiver and Release of Claims

I waive and release any claims against PG, PG's Board of Directors, officers, employees, volunteers, and agents, (collectively, the Released Parties) for any liability, loss, damages, or claims resulting from death or injury to my person or property, caused by or arising directly or indirectly from my presence or participation as a Volunteer regardless of the cause and even if caused by the negligence whether passive or active, of any Released Party or any other person. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I understand that my releases and waivers in this document extend to claims that I do not know of or do not expect to exist at the time I sign this document. I understand that PG would not

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	permit me to volunteer without agreeing to these waivers and releases. I agree that any food or donationsI bring to PG are just that, donations, and I agree to hold PG harmless for the cost of those items.
6.	CONFIDENTIAL INFORMATION As a volunteer, I may have access to confidential PG information, including information about PG donors, volunteers, and partners. At all times during and after my participation, I will hold in confidence and will not disclose or use any such confidential information, except as may be required by my duties as a Volunteer for PG. INITIALS
7.	MEDICAL CARE CONSENT AND WAIVER I understand and agree if injury occurs on site, off site, or during any PG activity, the volunteer is responsible for his or her own medical care, and any costs associated with that medical care. I waive and release any claims against the Released Parties arising out of any first aid, treatment or medical service, including the lack or timing of such, made in connection with my participation as a Volunteer. INITIALS
8.	I will indemnify and hold the Released Parties harmless from and against any and all claims, liabilities, losses, damages, expenses and attorney's fees (collectively, losses) including, without limitation, losses arising from any death, property damage or injury of any nature whatsoever that may be suffered by me or any other person, which may arise directly or indirectly from my presence or participation as a Volunteer or any breach by me of this agreement, except to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party. INITIALS
9.	PUBLICITY AUTHORIZATION I consent to the unrestricted use, by PG, in any medium, including the internet, of any photographs, recordings, interviews, videotapes, film, or similar visual or auditory recordings of me created in connection with my participation in PG's activities. INITIALS
10	DONATIONS I understand and agree that anything brought or sent to the PG, including but not limited to donations of food, supplies, medicines, payment of any veterinary services, automobiles, garage sale items, or services rendered are donations, not subject to any kind of reimbursement. INITIALS
11	. ADOPTIONS I understand and agree that if I adopt a cat or kitten from the PG, I will be required to fill out all necessary adoption paperwork and pay the adoption fee. I agree that I will not ask PG to pay for any medical bills or supplies for the adopted cat. INITIALS
Pr	inted Name of Volunteer
	gnature of VolunteerDate
Pr	inted Name of Parent (if under 18 years)
	gnature of Parent (if under 18 years) Date
Pr	inted Name of PG Representative