



## **POLICY VOLUNTEERS**

In order for people to volunteer to help Pathways, the following shall be the board policy:

- A volunteer shall submit a Volunteer Application to the Pathways Board for its review. See page 2 of this policy for this application.
- The Pathways Board shall approve all volunteer applications.
- Volunteers under 18 years of age shall have parental or guardian approval.
- The Pathways Board may terminate at any time a volunteer's participation with Pathways. Such termination shall be discussed and approved by the board.
- Volunteer Application form was modeled after a similar form used by the Upward Dog Rescue of Carlsbad, California:

<http://www.upwarddogrescue.org/wp-content/uploads/2012/05/HoldHarmlessAgreement.pdf>

This policy was approved by the Pathways of Healing board on the following meeting date:

**JANUARY 15, 2015 -- Approved with amendment to application form**



## VOLUNTEER APPLICATION

### PURPOSE

This application is required for all volunteers who are not members of Pathways and who wish to volunteer for Pathways of Healing in any capacity.

### VOLUNTEER IDENTIFICATION

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ (if under 18 then parental or guardian approval is required)

Drivers License: \_\_\_\_\_ Insurance Policy & No.: \_\_\_\_\_

### APPLICATION

I fully understand and agree to assume any and all risks involved in any and all duties that I perform for Pathways of Healing ("**PATHWAYS**") in my capacity as a volunteer for this organization.

I understand and agree to hold PATHWAYS harmless for any injury or injuries which I may sustain during the course of my volunteer duties for PATHWAYS including, but not limited to: the risks of being bitten, scratched, injured, or frightened dogs and puppies or any animal under my care as a volunteer for PATHWAYS.

I shall indemnify, defend, and hold PATHWAYS harmless from and against any claims, lawsuits, injuries, damages, losses, costs, or expense whatsoever sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for the PATHWAYS or with my breach of PATHWAYS rules, regulations, policies, and programs.

If I may be sheltering or providing foster care or boarding for any PATHWAYS animals in my home or business, I shall consent to PATHWAYS visiting this location unannounced periodically to observe the animals and their living quarters.



# Pathways of Healing

PO Box 1555 • Peña Blanca • New Mexico • 87041

www.PathwaysOfHealingNM.org

## ACCEPTANCE

Volunteer: \_\_\_\_\_  
Signature Printed Name

Parent or Guardian: \* \_\_\_\_\_  
Signature Printed Name

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

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

\* Volunteers under 18 years of age shall have parental or guardian approval

Volunteer Type:  Social Media  Special Events  
 Transport Driver  Transport Assistance  
 Other \_\_\_\_\_

**NOTE:** If you are volunteering as a Transport Driver, then you must also submit a **Pathways Transport Volunteer Driver Liability Waiver.**

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### Attested by (for Pathways of Healing):

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

\_\_\_\_\_  
Date Title

### Board Comments

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