

Saipan Cares for Animals

Volunteer Agreement

Thank you for offering your time to volunteer with Saipan Cares for Animals (SCA). The work we do for the dogs and cats of the CNMI would not be possible without the help of our volunteers! Please read through the agreement below, complete the form at the bottom and return it to us. **If you are under the age of 18, you will need to have a parent or guardian's signature on this form in order to volunteer with SCA. The minimum age to volunteer is 14.**

As a volunteer I will be contributing my time and effort to various services for SCA. In the course of performing the services, I agree:

- To disclose any physical or psychological limitations to SCA staff before participating in any activity. Since I may be interacting with animals and may be lifting, carrying, moving or otherwise engaging in physical labor, I will be respectful of my own limitations and will inform SCA immediately of such limitations.
- To obey all safety rules and regulations set by SCA. In the interest of the safety of the dogs, the public, and other volunteers I acknowledge that SCA has the right to revoke volunteer privileges if these rules are not followed.
- To treat all SCA staff, volunteers, animals, and members of the public with respect and kindness. I acknowledge that I am volunteering for the best interests of the animals of SCA and not for personal gain or to further any personal agenda.
- That any photographs and/or video images taken of me and my pet (or SCA animal) may be used by SCA for the purposes of publicity, education, fundraising, or otherwise promoting the mission and activities of SCA.

I understand that volunteering at SCA will require me to come into contact with animals, and that there are risks associated with my volunteer activities, including but not limited to dog or cat bites and/or scratches. I understand that I will be responsible for my own medical care arising from any injuries sustained in the course of my volunteer work with SCA.

Volunteer Name (print): _____ Date of Birth: ____ / ____ / ____

Name of Parent or Guardian (if volunteer is under 18): _____

Volunteer Signature: _____ Date: _____
(or signature of parent or guardian if volunteer is under the age of 18)

Signature of SCA Representative: _____ Date: _____

Volunteer Contact Information

Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Relationship to Volunteer: _____

Phone Number(s): _____