

Maltese Brighten Your Life



# American Maltese Association Rescue

A 501(c)(3) Non-Profit Organization

We are affiliated with The American Maltese Association

## Volunteer Application

### PERSONAL INFORMATION

Name:	
Address:	
City, State, Zip	
Email Address:	
Daytime Phone No.:	
Evening Phone No.:	

### VOLUNTEER INTERESTS:

I can help with ... please check all that applies:

<input type="checkbox"/>	Area Coordinator <i>(requires apprenticing under an existing area coordinator)</i>
<input type="checkbox"/>	Foster Home <i>(please complete our foster home application ... and THANK YOU)</i>
<input type="checkbox"/>	Shelter checks & behavioral evaluations Please tell us about your skills in evaluating dogs:
<input type="checkbox"/>	Home Checks <i>(may require brief apprenticing under an area coordinator)</i>
<input type="checkbox"/>	Transporting Dogs Please tell us how far you can travel and any other specifics:
<input type="checkbox"/>	Fundraising & Organizing Public Events
<input type="checkbox"/>	Mailings & Newsletters Can you use Microsoft Publisher? <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet
<input type="checkbox"/>	Other: Do you have an idea? _____ _____ Tell us more about what you would like to do to help Maltese at risk: _____ _____ _____

**VOLUNTEER HOLD HARMLESS AGREEMENT:**

I acknowledge that I am over the age of 18 years, and that I wish to be a volunteer for American Maltese Association Rescue (hereinafter, "AMAR"), a national non-profit trust, and to assist AMAR with its Maltese rescue operations (hereinafter, AMAR activities"), including but not limited to, retrieval of rescued Maltese from shelters or homes, transportation of rescued Maltese, fostering rescued Maltese, exercising rescued Maltese, grooming rescued Maltese, feeding rescued Maltese, staffing AMAR booths at fundraising events or dog shows, and other duties benefiting rescued Maltese as directed by AMAR officers or directors.

**I agree**

**I do not agree**

I hereby assume the risk of injury or death sustained in the pursuit of and while engaged in AMAR activities, and do hereby release, and hold harmless, and forever discharge AMAR, its officers, trustees, directors, employees, consultants, agents and any other entities associated with AMAR, of all claims, suits, demands, costs, and expenses, including legal fees of every kind and nature, arising out of, or connected with my volunteering, for any personal injury, death, disfigurement, paralysis, or damage of any kind sustained and suffered while in the pursuit of and engaged in AMAR activities, or while using equipment belonging to or rented by and for AMAR.

**I agree**

**I do not agree**

Upon submission, you will be directed to print out and sign this Hold Harmless Agreement and provide the signed agreement to an AMAR volunteer.

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

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

Please complete this form, print it and mail to:

Edie Gobbi  
30901 Pudding Creek Rd  
Fort Bragg, CA 95437-8169