

VOLUNTEER STATEMENT OF UNDERSTANDING

By signing this form, I agree to volunteer my services to Feral Cat Spay/Neuter Project.

I understand that Feral Cat Spay/Neuter Project's purpose is to provide no-cost sterilization procedures, and other veterinary and testing procedures as required or necessary, for the benefit of feral cats and their relatives.

I understand that there are risks involved in performing these procedures. I understand that cats will scratch or bite, and may transmit disease through this process. I also understand that hazardous materials are used in the performance of these procedures.

I understand that I must have medical insurance coverage in order to volunteer for tasks involving direct contact with cats.

I agree to seek immediate medical attention in the event that I am injured. I agree and understand that all treatment for, and all costs associated with, any personal injury or illness incurred while acting as a volunteer for the Project, regardless of the reason, will be covered by myself or my own medical or personal liability insurance.

I agree that Feral Cat Spay/Neuter Project, its employees, volunteers, agents or Board of Directors will not be liable for any treatment or costs associated with any personal injury or illness incurred while acting as a volunteer, regardless of the reason.

I understand that Feral Cat Spay/Neuter Project upholds the right of each veterinarian to practice his/her ethics, and agree that as a volunteer I will also respect that premise.

I understand that my privilege of volunteering may be revoked at any time for inappropriate behavior to any cats or people while affiliated with the Project.

I have read the "Clinic Policies for Free Surgical Services" and "Surgical Release Form." I agree to adhere to the principles of these documents while volunteering for the Project. *(These forms are available on our website: www.feralcatproject.org)*

By signing this form, I acknowledge that I have read, understood and agree to the preceding statements. I agree to volunteer my services to Feral Cat Spay/Neuter Project under these conditions, recognizing that there are risks.

Name of Volunteer

/ /

Date of Birth

Street Address

City, State, Zip

Area Code/Phone #1

Area Code/Phone #2

Email Address

Do you have medical insurance? Yes No

If Yes, Name of Carrier

Policy #

/ /

Today's Date

Signature of Volunteer

Signature of Parent or Legal Guardian,
if Volunteer is a Minor.

