

SNARR
SPECIAL NEEDS ANIMAL RESCUE & REHABILITATION
ROBIN MENARD
PO BOX 313
SAINT MARTINSVILLE, 70582
robin@snarr4u.com
(337) 255-7882

VOLUNTEER TRANSPORT APPLICATION

Name: _____

Email: _____

Address: _____

City/State/ _____ Zip: _____

Phone: Home _____ Cell _____

Year / Make / Model of vehicle used for transports

Employer: _____

Address: _____

City/State/ _____ Zip: _____

Please answer the following

1. Do you have a valid Driver's License? Yes ____ No ____

BECAUSE I AM THEIR VOICE
SNARRANIMALRESCUE.ORG

2. In case of an emergency, please specify a person whom we should contact.

Name: _____ Relationship: _____

Phone: _____

Address: _____

City/State/ _____ Zip: _____

3. Do you have allergic reactions to specific animals? Yes _____ No _____ If yes, please describe:

4. Do you have a medical condition we should be aware of? Yes _____ No _____ If yes, please specify:

5. Please list any organizations that you are or have been actively involved in.

Organization _____ Contact _____

Contacts Phone Num _____

Organization _____ Contact _____

Contacts Phone Num _____

Organization _____ Contact _____

Contacts Phone Num _____

PLEASE LIST DAYS , TIMES, AND AREAS YOUR AVAILABLE FOR
TRANSPORT

1. It is recommended that SNARR volunteers handling animals receive a series of pre-exposure rabies vaccinations to protect them in case of being bitten by a rabid animal. The volunteer must make their own arrangements through their physician. If a volunteer does not wish to receive rabies vaccinations, the volunteer must sign a waiver releasing **SNARR** from any responsibility and agrees to assume all of his/her medical costs, if a rabies incident occurs. **Before this application can be accepted, SNARR must have a waiver or proof of vaccination for rabies.**

2. I certify that all information provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omissions of facts called for in the application may result in a denial of a volunteer opportunity or dismissal from **SNARR.**

3. I understand that if I am selected , **I am a volunteer for and devoting my time to SNARR** on a voluntary basis and I am serving with no contemplation of compensation for my services.

4. I give **SNARR** my permission to investigate all pertinent information and references concerning my volunteer application. And, I release **SNARR** from all liability for any damage, both legal and otherwise, for issuing this information.

5. I hereby release **SNARR**, from all losses, damages and claims of any kind arising out of my own negligence or misconduct.

Signature: _____

Date: _____

