



AEV Volunteer Information Form

Last Name _____

Must contain an original signature.

Must be submitted for every Animal Evac Volunteers (AEV) volunteer. One copy must be in possession of AEV at all times. It is the responsibility of the AEV volunteer to ensure all information is accurate. In the event of any changes, please update AEV's copy as soon as possible.

Required information: Please print

Name: _____ Birth date: ____/____/____

Address: _____

City: _____ State _____ Zip _____

Phone-Home: _____ Work: _____ Cell: _____

Email (1) _____ Email (2) _____

Health insurance carrier: _____ **Policy no.:** _____

Health insurer's phone: _____

Primary physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of last Tetanus shot: _____ Rabies: _____ Hepatitis: _____

Any special medications or medical problems?: _____

Blood type: _____ Allergies: _____

Emergency contact: _____ **Relationship:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone- Home: _____ Work: _____

Availability: _____

Signature: _____ Date: _____



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I, _____, accept a position as a volunteer worker for Animal Evac Volunteers (AEV). In so doing I agree to comply with all the rules and regulations that are established or may be established by AEV associates from time to time. I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a voluntary basis, without any salary and without liability on behalf of AEV. All services are provided by me are at my own risk.

I recognize that in handling animals and working around animals and equipment there exists a risk of injury, including the physical harm by the animal or equipment. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless AEV and its agents, and employees from any and all claims and/or demands of any nature or cause based on the damages or injuries which may be incurred or sustained by me in my services for AEV.

Volunteer: _____

Date: _____

Witness: _____

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I, _____, understand that public relations is an important part of volunteering with AEV. I hereby grant permission for AEV to use any photographs, videos, or other images taken of me for use in public relations efforts.

Volunteer: _____

Date: _____

Witness: _____



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