

**Barkin' Basement Thrift Shop
56 N. Centre Street
Cumberland, MD 21502
301-777-0826**

Operated by Allegany County Animal Shelter Management Foundation

Volunteer Application

Date: _____

Name: _____ Date of Birth: _____

Full MAILING Address:

Home phone: _____ Cell phone: _____

E-mail (*important*): _____

Emergency contact name/phone: _____

Shifts preferred (please circle all days/times available):

Friday: 10 a.m. – 2 p.m. 2 p.m. – 6 p.m.

Saturday: 10 a.m. – 1 p.m. 1 p.m. – 5 p.m.

Sunday: 11 a.m. – 4 p.m.

Duties preferred: ___ Cashier ___ Sorting/pricing ___ Stocking/organizing
___ Any as needed

Community service? ___ N/A ___ School ___ Court ___ Other _____

CS contact name/address/phone: _____

Special skills, experience, physical limitations (lifting, standing, etc.);
anything else we should know about you that would be helpful?

Have you ever been convicted of a felony? No Yes If Yes, please explain

Why do you want to volunteer?

Thanks for your interest in Barkin' Basement!

RELEASE AND WAIVER OF LIABILITY

Allegany County Animal Shelter Management Foundation
P.O. Box 566, Cumberland, MD 21502
301-777-0826
www.ashelterofhope.com

THIS RELEASE AND WAIVER OF LIABILITY (the “Release”) is executed this _____ day of _____, 20____, by the undersigned (the “Volunteer”), in favor of Allegany Animal Shelter Management Foundation (ACAS) a Maryland nonprofit organization and its directors, officers, and agents, including its operation of the “Barkin’ Basement” Thrift Store. Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms and conditions:

1. WAIVER AND RELEASE. Volunteer does hereby release and forever discharge and hold harmless ACAS and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, whether in law or in equity, which arise or may hereafter arise from Volunteer’s participation with ACAS. Volunteer understands this Release discharges ACAS from any liability or claim that Volunteer may have against ACAS with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s participation and financial assistance or other assistance, including but not limited to medical, health, or disability insurance. Volunteer is encouraged to have medical or health insurance in effect.

2. MEDICAL TREATMENT. Volunteer does hereby release and forever discharge ACAS from any claim whatsoever that arises or may hereafter arise on account of first aid treatment or service rendered in connection with Volunteer’s participation.

3. ASSUMPTION OF RISK. Volunteer understands that Volunteer’s participation with ACAS may include activities that may be hazardous to the Volunteer and that food, tools, supplies, and facilities may be donated to ACAS and beyond the control of ACAS. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases ACAS from all liability for injury, illness, death, or property damage resulting from Volunteer’s participation with ACAS.

4. PHOTOGRAPHIC RELEASE. Volunteer grants and conveys unto ACAS all right, title, and interest in any and all photographic images and video or audio recordings made by ACAS during my work for ACAS, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

5. OTHER. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year above written.

Volunteer’s Name (please print clearly): _____

Volunteer’s Signature: _____

Volunteer’s Address: _____

Volunteer’s Phone: _____

Volunteer’s Email: _____