

VOLUNTEER/FOSTER OPPORTUNITIES REQUEST FORM

Please print this form, fill it out completely and mail to:
Safe Harbor Lab Rescue
601 16th Street, #C-322
Golden, CO 80401



Our Labs need your support! We thank you for any way that you can help, no matter how great or small. We'll get back to you shortly!

Name _____ Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

Cell Phone _____

E-mail _____ (often our most efficient way to communicate. *Please let us know if your e-mail address changes!*)

I WOULD LIKE TO HELP WITH THE FOLLOWING ACTIVITIES:

- Foster Home (foster home application available on-line) Foster Homes provide food, shelter, some basic training and **LOVE**. Safe Harbor is responsible for the foster Lab's medical expenses.
- Transportation of Labs
- Community Relations Events
- Fundraising Events
- Owner Surrender Visits
- Adoption Team
- Other _____

I'd like to help the Labs a little bit more with an additional donation of _____

The undersigned (hereafter referred to as the volunteer) has agreed to volunteer his/her services or facilities to Safe Harbor Lab Rescue (hereafter referred to as SHLR). The volunteer acknowledges and understands that the dogs involved in SHLR's program may be untrained or unhealthy, and that SHLR makes no representations whatsoever regarding the dog's temperament, health (including the presence or absence of transmittable diseases to humans or other animals), age, ability, attitude or trainability.

The volunteer assumes all risks relating to working with SHLR dogs. The volunteer hereby releases SHLR, its officers, directors, members, participants, volunteers and affiliates (SHLR Participants) from any and all claims, actions, liabilities, damages and costs of any kind (claims and costs) arising out of the transportation, fostering or any other work or activity with any dog connected with SHLR. If anyone in the volunteer's household, or any business or social visitor to the household, makes a claim the volunteer will indemnify, defend and hold SHLR and the SHLR participants harmless from such claims and costs.

Signature _____ Date _____

(Volunteers must be at least 18 years old to handle Labs)

Thank you for your generosity and welcome!