

# Volunteer Agreement

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**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone Number:**

**Cell Phone Number:**

**Volunteer Area (select all that apply):**

**Rescue**

**Foster Care**

**Rescue Coordinator**

**Transporter**

**Driver's License Number:**

**Insurance Carrier:**

**Other Rescue**

**Health and Genetics**

**Education**

**Treasury**

**Legal**

**Administration**

**Other**

**Volunteer Period: From:**

**To:**

By signing this agreement:

1. I hereby release, discharge, and hold harmless the Kerry Blue Terrier Foundation and any person, firm, or corporation charged or chargeable with liability, their heirs, administrators, executors, successors, and assigns, from any and all claims, damages, costs, expenses, loss of services, actions, and causes of actions, whether known or unknown, belonging to the said volunteer due to any action or occurrence from the date of this agreement arising out of or in connection with the performance of my volunteer duties.
2. I understand that I will not receive any compensation for the above service and that I am not an employee of the Kerry Blue Terrier Foundation.
3. I agree to abide by the policies and practices of the Foundation and understand that the Foundation can remove me from a volunteer position if I do not conform to those policies and practices of the Foundation.
4. I understand that any products I produce from my volunteer services with the Foundations are the property of the Foundation.
5. I understand that I will be covered by any insurance that the Foundation provides.

**Volunteer Signature:**

**Date:**

**Printed Name:**

Kerry Blue Terrier Foundation  
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