



PO Box 921, Fogelsville, PA 18051



www.TheSanctuaryPA.org



pawsabilities@thesanctuarypa.org

NEW VOLUNTEER PROGRAM

February 2023

The Sanctuary at Haafsville is pleased to announce the launch of a new program -- PawsAbilities! Through this program, we will be able to host small groups of individuals with intellectual and developmental disabilities wishing to participate as Sanctuary volunteers. Participants will engage in various activities and tasks related to animal care and enrichment, light house-keeping/cleaning, and of course -- socialization with our very deserving animals! Events are held once per month at The Sanctuary.

If you are interested, or are a caregiver of someone who could benefit from a program like PawsAbilities, please read through and complete our sign up form at https://bit.ly/PawsAbilities. When your completed form is received, a Sanctuary volunteer will reach out for a phone consultation to evaluate how to best support our participants. Please reach out to pawsabilities@thesanctuarypa.org with any questions.



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THANK YOU FOR YOUR INTEREST IN THE SANCTUARY AT HAAFSVILLE PAWSABILITIES GROUP

PERSONAL INFORMATION

| Full Name : | |
|-------------|-------------|
| Address : | |
| City: | State: |
| Zip Code: | Email: |
| Home Phone: | Cell Phone: |





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ACKNOWLEDGEMENT AND WAVIER OF LIABILITY

Please read, sign, and date below. Parent/or guardian must sign for volunteers age 18 and under. In signing, you are waiving certain rights and you are urged to do so only if you are financially able to be responsible for your injuries or illnesses.

Animals behave in unpredictable ways when injured, ill, frightened, or agitated. This can be especially true for animals being housed in a shelter environment and subject to numerous strangers.

For my safety and that of the animals, I agree to the follow The Sanctuary at Haafsville's instructions for safe animal handling.

I further acknowledge that I am aware of the risk of physical injury that can result from feral or domesticated animals and I have assumed all risks of being in proximity to animals.

I agree to hold The Sanctuary at Haafsville's, its directors and volunteers, and any third party harmless for any legal or financial responsibilities for any personal injuries or loss of property I may sustain as a result of my volunteer activities.

Volunteers are strongly urged to carry adequate health insurance coverage for any illness or injury that may result from proximity to animals. For those who do not wish to assume these risks or who do not have insurance, The Sanctuary of Haafsville welcomes your interest in volunteering for activities that will not bring you in close proximity to animals.

Video security cameras are located throughout The Sanctuary at Haafsville to monitor and surveil property for safety, security, and to aid law enforcement. All recording shall be done with recognition of the reasonable expectation of privacy. I understand and agree that video security cameras may be in operation during my volunteering.



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ACKNOWLEDGEMENT AND WAVIER OF LIABILITY (CONTINUED)

I grant permission to add my email address to The Sanctuary at Haafsville's newsletter. You will have the option to unsubscribe to this newsletter at any time. I also allow any pictures taken of me or those I sign for during my volunteering time to The Sanctuary at Haafsville's social media and/or publication materials.

I further acknowledge that I will abide and follow all rules and procedures set forth in the Volunteer Orientation Manual.

| Signature: | | | | | |
|--|---|-----------------|--|--|--|
| Date: | | | | | |
| Please list name | es of all children, under 18, who attended the PawsAl | bilities Group: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| I understand that if I have a child under 18 years of age, I must remain with them at a times. | | | | | |
| Parent/Guardian initial: | | | | | |
| The Sanctuary at Haafsville | | | | | |
| Witness Signature: | | | | | |
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