

Date of this application _____



VOLUNTEER APPLICATION

Please complete and sign this application and return it to the Volunteer Coordinator.

Please note: Filling out this application is not a guarantee of placement in our volunteer program. We may not currently have openings in your area of interest. The more specific you can be, the better your chances of obtaining volunteer work that is both meaningful to you and helpful to us.

PLEASE PRINT CLEARLY

Name: _____ Age if under 18 _____
(see below for restrictions)

Address, City, State, Zip:

Home phone _____ Cell phone _____

Email: _____

Emergency contact: name & relationship _____

Phone # _____

Allergies, physical restrictions, special needs?

Why would like to volunteer at The Animal Foundation?

How did you hear about our volunteer program?

Any special job training, education or skills we should know about (e.g. Fluency in a foreign language? Animal experience you feel would be helpful?)

Please check days and times you are available to volunteer

Shift	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Would you be willing to volunteer off Animal Foundation premises? _____ Yes _____ No
(e.g. at an outside adoption event)

Please check 1-3 areas in which you are interested in volunteering

___ Dog walking/socialization

___ Photo taking

___ Cat cuddling

___ Off-site events

___ Dog adoptions

___ Grooming (must be certified)

___ Cat adoptions

___ Foster program

___ Lost and found dogs

___ Public receiving/front desk

___ Clerical/phones/data entry

___ Facility/building/grounds maintenance

Ideas for volunteer jobs not listed?

**THE ANIMAL FOUNDATION
VOLUNTEER WAIVER**

Adult Volunteers (over 18 years old)

I confirm the information provided on this application is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to indemnify, defend and hold The Animal Foundation harmless from and against any claims, lawsuits, injuries, damages losses, cost, or expenses whatsoever, sustained by any animal or person in connection with my intentional or unintentional negligent performance of my volunteer activities, or my breach of TAF rules, regulation, policies and programs.

Signature _____ Date _____

Volunteers 16 - 17 Years Old

Applicants ages 16 - 17 years old must include the signature of a parent or guardian

As a parent or guardian, I understand the commitment involved and acknowledge that my child's services are offered at my own risk and agree to indemnify, defend and hold The Animal Foundation harmless from and against any claims, lawsuits, injuries, damages losses, cost, or expenses whatsoever, sustained by any animal or person in connection with my child's intentional or unintentional negligent performance of my volunteer activities, or their breach of TAF rules, regulation, policies and programs.

I hereby grant permission for him/her to perform volunteer work for the Animal Foundation.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____

Volunteers 12 - 15 Years Old

Applicants ages 12 - 15 years must include the signature of a parent or guardian and MUST be under continuous parental supervision.

As a parent or guardian, I understand the commitment involved and acknowledge that my child's services are offered at my own risk and agree to indemnify, defend and hold The Animal Foundation harmless from and against any claims, lawsuits, injuries, damages losses, cost, or expenses whatsoever, sustained by any animal or person in connection with my child's intentional or unintentional negligent performance of my volunteer activities, or their breach of TAF rules, regulation, policies and programs.

I hereby grant permission for him/her to perform volunteer work for the Animal Foundation.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____

TETANUS WAIVER

Although not required The Animal Foundation recommends you (at you own expense) have a current tetanus shot before you volunteer. If you decide not to have a current tetanus shot, you do so at your own risk and agree to hold harmless and indemnify The Animal Foundation staff, Directors and officers from any and all claims now and in the future.

Signature _____ Date _____

Parent/Guardian signature if applicable _____

**THE ANIMAL FOUNDATION
VOLUNTEER AGREEMENT**

As a public agency that houses homeless animals, The Animal Foundation (TAF) often does not have medical or behavioral history (including rabies vaccinations or lack thereof) of the animals that volunteers come in contact with. While some training is provided, a certain amount of risk is always involved especially with unpredictable animals. TAF strongly recommends all volunteers have current tetanus vaccinations. Pregnant women and persons with suppressed immune systems should consult with a doctor prior to volunteering. In consideration of this opportunity to volunteer at TAF, I agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide with the mission, rules, regulations, policies and programs of TAF.
2. If I stop being a volunteer, or upon request by TAF, I will promptly return all TAF supplies, equipment, records, animals, moneys and other items in good, clean condition.
3. I assume the risk of being bitten, scratched, or injured in connection with my volunteer work. TAF is not liable to me for any injuries, illness, damages, liabilities, losses, judgments, cost or expenses whatsoever, which I might suffer or sustain in connection with my volunteer efforts.
4. I understand that TAF may refuse or cancel volunteer applications and status for any legal reason.
5. I have accurately and truthfully completed this Volunteer Application and Agreement.

Signature of applicant _____ Date _____

Signature of parent/guardian if applicable _____

OFFICAL TAF USE ONLY	
Date Received: _____	Orientation Date: _____
1st Contact Date: _____	Start Date: _____
2nd Contact Date: _____	Termination Date: _____