

## THANK YOU FOR YOUR INTEREST IN TAILS OF HOPE!

**OUR VISION:** Tails of Hope, Inc. believes the world will be a better place when it values and ensures the well-being of companion animals, treating them with kindness and compassion.

**OUR PURPOSE:** Tails of Hope, Inc. exists to eliminate neglect, abuse and suffering of animals resulting in improved overall quality of animal life.

**OUR MISSION:** Tails of Hope, Inc. strives to impact pet over-population through spay/neuter programs, and support of rescue, rehabilitation, adoption and education.

**OUR CORE VALUES:** Tails of Hope, Inc.'s Core Values include: Commitment to Community, Compassion, Diversity & Inclusion, Growth-oriented, Professionalism, Quality of Service.

### VOLUNTEER APPLICATION

(Attach additional pages as necessary)

Date of Application: \_\_\_\_\_ Birthdate\* (MM/DD/YY): \_\_\_\_\_

**\*IMPORTANT NOTE:** You must be at least 18 years old to volunteer. If you 14-17, you are welcome to participate alongside a parent or guardian volunteer in the clinic. Please have your parent or guardian complete a Volunteer Application to submit with you.

#### Your Contact Info

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com



Your Emergency Contact\*\* Info

\*\*Two (2) Emergency Contacts are required.

**Emergency Contact #1:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact #2:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Need-to-Know Emergency Information

Provide any necessary information or special needs that the organization should be aware of that could result in an emergency situation for you and/or our staff, other volunteers, and the animals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



The Why, What, and When

Why are you interested in volunteering for Tails of Hope?

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What skills do you have that would best be used at our clinic?

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Do you have cats or dogs of your own at home?  Yes  No

If yes, tell us more:

Cat/s: Number: \_\_\_\_\_ Name/s: \_\_\_\_\_

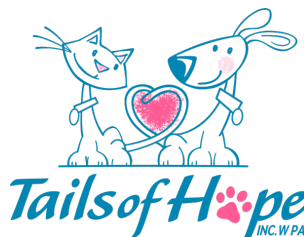
Dog/s: Number: \_\_\_\_\_ Name/s: \_\_\_\_\_

Provide the times you are available to volunteer each day:

SUN	MON	TUES	WED	THUR	FRI	SAT

Please 'X' the box before all that apply and indicate after years of experience in each.

In the Clinic:			Outside the Clinic:		
X	Description	Years	X	Description	Years
	Cats (monitor pre- or post-surgery)			Fundraising	
	Dogs (monitor pre- or post-surgery)			Grant Writing	
	Kennel & Cage Cleaning			Graphic Design	
	General Cleaning (mop, laundry, trash)			Marketing	
	Front Office (computer, phone)			Newsletter/Blog	
	Back Office (stuffing envelopes, etc.)			Public Relations	
	Property Maintenance (General)			Special Events	
	Other:			Other:	
	Other:			Other:	



## Marketing Info

### How Did You Find Out About Us?

- Tails of Hope website       Facebook       LinkedIn       Newspaper: \_\_\_\_\_  
 TV       Radio       Google       Referral: \_\_\_\_\_

### T-shirt Size

Select your T-shirt size preference:

SMALL	MEDIUM	LARGE	X-LARGE	2XL	3XL	4XL

## Acknowledgement and Agreement

I, \_\_\_\_\_, agree I am choosing to:

- *submit to a drug test and background check as part of the application process;*
- *become a non-compensated volunteer for Tails of Hope, Inc., a registered non-profit organization in the state of Pennsylvania;*
- *sign a Release and Waiver of Liability before beginning any activity for/with Tails of Hope, Inc. for insurance purposes;*
- *embody the Core Values of Tails of Hope, Inc. while volunteering with the organization;*
- *support the Mission of Tails of Hope, Inc.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### If under 18 years of age, legal guardian must also sign:

Legal Guardian Name (print) \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR AUTHORIZED TAILS OF HOPE USE ONLY			
V or LG	ITEM	DATE COMPLETE	RESULT / NOTES (or N/A)
	Volunteer Application		
	Release & Waiver Liability		
	Drug Test		
	Background Check		

V = Volunteer; LG = Legal Guardian

REV 07/2020