



4155 N Rancho Drive, Suite 150
Las Vegas, NV 89130
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www.palnv.org info@palnv.org

ADULT VOLUNTEER APPLICATION

The Board of Directors and staff of PALnv thank you for your interest in our volunteer program. Because PALnv is a non-profit organization, our volunteer staff is very important to us. We again, wish to thank you for the precious time you are planning to donate to our very special cats and kittens.

DATE: _____

NAME: _____ BIRTHDAY MONTH/DAY: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME #: (____) _____ CELL #: (____) _____ WORK #: (____) _____

E-MAIL: _____

BEST TIME TO CALL: _____ MAY WE CALL YOU AT WORK? Yes [] No []

PLEASE LIST YOUR AVAILABILITY (provide both days/hours you can volunteer): _____

How did you hear about our volunteer program?

[] Friend: _____ [] Newspaper [] School [] Other: _____

JOB INTERESTS

- | | | |
|---|--|--|
| <input type="checkbox"/> CAT CAFÉ ASSISTANT | <input type="checkbox"/> ADOPTION COUNSELOR (CAFÉ) | <input type="checkbox"/> TABLING/COMMUNITY SUPPORT |
| <input type="checkbox"/> CAT CARETAKER | <input type="checkbox"/> ADOPTION COUNSELOR PETSMAST | <input type="checkbox"/> FUNDRAISING/EVENTS |
| <input type="checkbox"/> CAT SOCIALIZER | <input type="checkbox"/> FOOD/SUPPLIES COORDINATOR | <input type="checkbox"/> MARKETING |
| <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PALNV OFFICE SUPPORT | <input type="checkbox"/> SOCIAL MEDIA |

EMERGENCY NOTIFICATION

(Person to call in case of an emergency)

NAME: _____

YOUR RELATIONSHIP WITH THIS PERSON: _____

HOME #: (____) _____ CELL #: (____) _____ WORK #: (____) _____

GETTING TO KNOW YOU
(Please tell us about yourself)

- **Why do you wish to volunteer with PALNV?**

- **Have you volunteered for other organizations?** [] Yes [] No

If yes, what organizations and what did you do?: _____

- **Do you have or have you ever had any pets of your own?** [] Yes [] No

How many? ___ Dogs ___ Cats ___ Birds Other: Explain _____

- **If not, do you have any experience working with animals?** [] Yes [] No

- **Do you have any special hobbies or skills?** (e.g.: typing, computer maintenance, social media, photography, art/design, etc.)

- **How do you feel about talking to people?** (Most volunteer work at PALNV involves contact with the general public.)

- **Are you bilingual? If so, what languages do you speak?** _____

- **If needed, would you be willing to assist us with last minute volunteer needs such as events?**

[] Yes [] No

- **Do you have any physical limitations or disabilities that might hinder you from participating in any area of our programs?** [] Yes [] No

If yes, please explain: _____

- **Would you be willing to become a monthly donor?** Donation amounts start as little as \$5 per month.

[] Yes [] No

STATEMENT OF CONFIDENTIALITY:

I understand that by signing my name below, I will maintain strict confidentiality with respect to all information obtained concerning PALnv, as well as the clients and others that they serve. I shall not disclose any information obtained in the course of my volunteer placement to third parties without prior written consent from PALnv. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money and gifts in-kind, salary information, and information pertaining to clients, staff or other volunteers.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, phone numbers, etc. Failure to comply with the confidentiality policy of PALnv may result in disciplinary actions, including dismissal of the volunteer. I understand the above and agree to uphold the confidentiality of these matters both during and following any volunteer service with PALnv.

PHOTO POLICY:

As a participant in the PALnv volunteer program, I understand that photos and/or videos may be taken in an effort to promote the organization to the general public. I agree to allow PALnv unrestricted use of photographs taken of/or by me or my child (children), and any cats or kittens owned by PALnv, in the course of participation in activities sponsored by PALnv or a local participating agency of PALnv. PALnv will have total ownership of these materials, and the right to edit and use them for purposes of program promotion, advertising or public relations. I understand that PALnv intends to use such photographs and materials in connection with official PALnv publications and documents (grants, website, social media etc.).

_____ I also understand that any and all photos taken by me of objects or species related to PALnv are property of PALnv, and must be sent to info@palnv.org.

WAIVER OF LIABILITY:

I understand any work that is performed as a volunteer is at the volunteer's own risk for injury, accident, disease or illness to himself or herself. PALnv, its Board of Trustees, Executives and Employees are held harmless for any acts performed by its volunteers.

I hereby agree to release and discharge PALnv, its officers, and directors, employees, agents, and volunteers from all claims, suits, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities; including any claims based on negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. In addition, I agree that I will comply with all federal, state, and local laws while serving as a volunteer for PALnv.

I have read, understand, and agree to the Statement of Confidentiality and the Photo Policy. I have read the release agreement and fully understand that I will relinquish all claims of actions known now or in the future against PALnv.

I am signing this document of my own free will without the influence of PALnv.

Name: (Print) _____ **Phone:** _____

Signature: _____ **Date:** _____