

**Volunteer Application**

**Date:**

**Contact Information**

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

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

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

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

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a student? □Yes □No

If yes, what school do you attend **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In need of community service hours? □Yes □No

What type of volunteer work would you like to do with us?

□ Cleaning Shifts □ Fundraising Committee □ Special Events Volunteer

How many shifts would you be able to volunteer a month, on average? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:

Title Employer

Have you ever been convicted of a crime? □Yes □No

If yes, please explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have any special training (ex: been on a fundraising committee before, animal behaviorist, etc.) that you would be willing to provide to Pet Angel?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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What do you hope to gain from volunteering?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other organizations to which you have provided volunteer services:

**Social Media**

Facebook □Yes □No

We have a Private Facebook group for volunteers that you will want to join!

**Person to Notify in Case of Emergency**

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

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

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

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

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this application form and for your interest in volunteering with us!

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit this application to:

Pet Angel Adoption & Rescue

380 List St.

Frankenmuth, MI 48734

(989)-652-0552

[petangeladoption@hotmail.com](mailto:petangeladoption@hotmail.com)

**Pet Angel Adoption & Rescue Volunteer Waiver**

**380 List St. Frankenmuth, MI 48734 Phone:989-652-0552**

By signing this waiver, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desire to work as a volunteer for Pet Angel Adoption and Rescue and engage in activities related to animal care‚ rescue and adoption; that I have read and completely understood Pet Angel’s Volunteer Waiver and Release of Liability Form and that I agree to be bound by all of its terms.

I understand that I volunteer at Pet Angel at my own risk‚ and that attendant risks for volunteering with Pet Angel include all risks associated with animal rescue‚ care and handling activities‚ including‚ but not limited to‚ injuries‚ illnesses‚ death‚ property damage‚ or any other kind of harm (pecuniary‚ bodily or emotional) to me caused by: handling animals; moving heavy objects; bending, lifting or stooping; exercising animals; cleaning cages; changing food and water dishes; working with other volunteers who are handling animals; driving to and attending adoption and fundraising events; engaging in office-related and administrative tasks; transporting animals; and transmitting animal diseases or conditions to my own companion animals.

I am a volunteer performing certain services for Pet Angel Adoption & Rescue and I understand and agree these services are charitable in nature and entirely voluntary and that I will receive no compensation of any kind.

I will indemnify, hold harmless, release and defend Pet Angel from and against any and all action, claims damages, disabilities or expenses that may be asserted by any person or entity arising out of or in connection with my participation as a volunteer for Pet Angel (Example: Injury from an animal bite or resulting or injury resulting from equipment hauling.)

It is the policy of Pet Angel to provide opportunities for volunteer service to all qualified persons regardless of race, color, creed, national origin, ancestry, age, sex, disability, religion, citizenship, marital status, sexual preference or any other characteristics protected by law.

Accuracy and completeness of this form are important factors in determining acceptability for a volunteer position with Pet Angel. Please be aware we can decline to accept any volunteer help and can ask you to leave without prior notice.

This statement is executed freely and voluntarily and with full knowledge by the undersigned**.**

**Signature: Date:**

**(If under the age of 18 you must have a legal parent or guardian sign as well)**

**Signature: Date:**

We appreciate your services and hope you will enjoy your time with us.