

Volunteer Application

White Oak Animal Save Haven, Inc. (No-kill Shelter)

2295 Lincoln Way
White Oak, PA 15131
412.672.8901

www.whiteoakanimalsafehaven.org

If this application is for a volunteer under the age of 18, the parent/guardian will also have to fill out an application in order for the child to be eligible to volunteer. The parent/guardian listed on this application must be with the child at all times when he/she volunteers. A copy of the parent/guardian's application must be attached to this application.

Personal Information

Your name: _____ Birthdate: _____ Age: _____

Street number and name: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____ Occupation: _____

Emergency contacts:

1. Name _____ Relationship _____ Phone number _____

2. Name _____ Relationship _____ Phone number _____

Do you currently own any pets or have you owned any pets in the past? _____ Please provide details about your pets (types and ages). _____

Are your pets spayed/neutered? _____ Are your pets kept up-to-date on shots and exams? _____

Why do you want to volunteer with us? _____

Have you ever been to an animal shelter? _____ If so, for what purpose? _____

Do you have previous volunteer experience? _____ If so, please explain. _____

Are you volunteering to fulfill a community service requirement? _____ If so, for whom? _____

Are you comfortable working with the general public, as volunteering at White Oak Animal Safe Haven requires contact with the general public, even if you are working in direct animal care? _____

Interests (Please check all opportunities that interest you):

_____ **Cat Care Giver** (including, but not limited to, cleaning, changing, and replenishing kennel cages, rugs, blankets, toys, water and food bowls, trash, and litter; monitor and report cat health; general housekeeping; report any concerns to shelter staff; socialize cats and kittens. Age requirement: 14

_____ **Dog Care Giver** (including, but not limited to, cleaning, changing, and replenishing kennel cages, rugs, blankets, toys, water and food bowls, and trash; monitor and report dog health; general housekeeping; socialize and walk dogs and puppies. Age requirement: 18

_____ **Fundraising and Special Events** (including, but not limited to, set up and tear down of events, solicitation of donations and sponsorships from the community, distribution of event flyers, communication with public, etc.). Age requirement: varies

Please list any specific qualifications or interests: _____

Availability (Please indicate days and times that you are available. Be sure to update as your availability changes):

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Please note any specific requests: _____

RELEASE FROM LIABILITY

I, _____, want to volunteer at White Oak Animal Safe Haven, Inc.

I hereby exonerate, release, and discharge White Oak animal Safe Haven, Inc., their agents, volunteers, employees, and Board of Directors from and all claims, causes of actions, and liability whatsoever in respect to loss, damage, theft, etc., which may result at any time by reason of this request.

I further agree to indemnify, defend, and hold harmless White Oak Animal Safe Haven, Inc., their agents, volunteers, employees, and Board of Directors from any suit or proceeding brought to enforce any such claim, cause, of action, or liability. I enter this agreement of release and indemnity voluntarily and without coercion.

I understand that I am required to get a tetanus vaccination before direct animal contact at White Oak Animal Safe Haven, Inc. By signing this release, I affirm that I have had a tetanus shot within the last 10 years and that I will update my tetanus shot as needed during my tenure at White Oak Animal Safe Haven, Inc.

I further agree to provide my insurance policy information below for any and all insurance carriers that I currently have for health care coverage. I will update this information if it changes.

Insurance Carrier: _____ Name of Insured: _____

Policy Number: _____ Group Number: _____

Effective date: _____

Please list any physical restrictions or medical limitations (i.e. lifting, bending, allergies, asthma, pregnancy [it is not medically advisable to work with cats if you are pregnant or planning to become pregnant], etc.). _____

I have read and answered the questions for the application for a pet from White Oak Animal Safe Haven as listed above to the best of my ability and with truthfulness.

Volunteer Name (printed)

Volunteer Signature

Date