**Volunteer Application**

**White Oak Animal Safe Haven**

2295 Lincoln Way

White Oak, PA 15131

412-672-8901

www.whiteoakanimalsafehaven.com

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. 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: 16

**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:

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**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.

I hereby exonerate, release, and discharge White Oak animal Safe Haven, 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, 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. 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.

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 application to volunteer at White Oak Animal Safe Haven as listed above to the best of my ability and with truthfulness.

Volunteer Name (printed)

Volunteer Signature Date