

Volunteer Application

Name:					
Street:			City:		Zip
Phone(s):			Email:	:	
Are you 18 years of age or olde	er? Yes No				
Have you ever been convicted	of domestic abu	use or child o	r animal a	abuse or neglect? `	Yes No
Do you currently, or have you	ever, volunteer c	or work for ar	n animal w	velfare agency? Ye	es No
If yes, in what capacity?					
Your Pets					
What type pets do you own and	d how many? N	None Dog_	Cat	t Other	Other
Are all your pets up to date with	h preventative ca	are, immuniz	ations, ar	nd sterilized? Yes N	No
If no explain					
Volunteer Interests (Please	indicate by circ	ling.)			
Fostering a rescued pet is all Foster Guardians provide daily guidance, and exposure for the check.	care, and food,	and take for	ster pets to	o monthly events. G	LBAS provides medical care
I would like to learn more about	ut fostering a pet	t.			
I would be willing to foster a:	Dog Cat	A cat with	n kittens.	A dog with puppies	s. Pocket pets.
Transport Foster Pets to Event	s or Veterinariar	n Visits			
Animal Training					
Veterinary Care					
Pet Adoptathon / Adoption Eve	ents				
Fundraising Events					
Community / P.R. Events					
Event Planning					

Publishing (Flyers, Brochures, Graphics, Writing)
Marketing and Communication
Website or Tech management,
Social Media (Facebook, Twitter, Blogs, Newsletters)
Administrative (Correspondence, Miscellaneous office work,)
Financial (Accounting/Book keeping)
Grant Research and Writing
Committee Coordinator
Board of Directors Member
Other interests in volunteering:
Share your talents or training and what you hope to gain by volunteering with Great Lakes Bay Animal Society.
By submitting this Volunteer Application to Great Lakes Bay Animal Society (GLBAS): I declare that I am of legal age, 18 years of age or older, and agree to be a volunteer worker of the GLBAS. I shall abide by the mission, purpose, and policies of the organization. I will conduct myself in a respectful manner as a representative of the GLBAS. I recognize that my participation is purely voluntary and without compensation. I recognize that the GLBAS Board of Directors may withdraw my participation at any time and without cause. I recognize there is an inherent risk of injury in participating in volunteer tasks, especially those involving animals. On behalf of myself, my personal representatives, executers, and heirs, I release and hold harmless the GLBAS, it's volunteers, representatives, and employees from all claims, causes of action, or demands, including costs and attorney fees, arising from injuries or damages incurred by me or connected with any service for or with the GLBAS. I have completed this application to the best of my ability and knowledge. I have made no misstatements or misrepresentations.
Signature: Date:
Thank you for your interest in Great Lakes Bay Animal Society.
We look forward to your involvement and will contact you soon.
Return this application to: GLBAS, P.O. Box 2891, Midland, MI 48641-2891
Or scan and email to glbas.org@gmail.com Or Visit www.glbas.org to submit an online application

---Document approved June 2016----