

PAWS 2 THE WALLS CAFE

VOLUNTEER APPLICATION

501(c)(3) Non-Profit Animal Rescue | Where Every Paw Is Family
727-788-0223 | paws2thewallscafe@gmail.com | www.paws2thewallscafe.com

Thank you for offering your time. Please complete all three pages. Completion does not guarantee placement.

1. APPLICANT INFORMATION

Full legal name:

Preferred name:

Street address:

City: State: ZIP:

Phone:

Email:

Date of birth:

Are you 18 or older? ☐ Yes ☐ No

Pronouns (optional):

2. EMERGENCY CONTACT AND SAFETY

Emergency contact:

Relationship:

Primary phone:

Alternate phone:

Optional: list any animal allergies, physical limitations, or accommodations:

3. VOLUNTEER INTERESTS

Check all that interest you:

- | | | |
|---|---|---|
| ☐ Animal care | ☐ Dog walking | ☐ Cat care |
| ☐ Cleaning / laundry | ☐ Adoption events | ☐ Animal transport |
| ☐ Fundraising | ☐ Community outreach | ☐ Admin / data entry |
| ☐ Photography / social | ☐ Facility help | ☐ Other |

Other interest / preferred assignment:

Comfort level:

- ☐ Puppies / kittens ☐ Dogs ☐ Cats ☐ Special-needs animals ☐ Unsure

4. AVAILABILITY

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning:	☐	☐	☐	☐	☐	☐	☐
Afternoon:	☐	☐	☐	☐	☐	☐	☐
Evening:	☐	☐	☐	☐	☐	☐	☐

Hours available per week/month:

Earliest start date:

Commitment preference: ☐ One-time event ☐ Short-term ☐ Ongoing

5. EXPERIENCE AND QUALIFICATIONS

Have you volunteered with an animal rescue, shelter, or community organization?

☐ Yes ☐ No

Organization and role:

Describe relevant experience, training, certifications, languages, or skills:

Why would you like to volunteer with Paws 2 The Walls Cafe?

Have you ever been dismissed from a volunteer or employment position for misconduct?

☐ Yes ☐ No

If yes, please explain:

6. REFERENCES AND ROLE-SPECIFIC INFORMATION

Please provide two references who are not related to you:

Reference 1

Name:

Relationship:

Phone / email:

Years known:

Reference 2

Name:

Relationship:

Phone / email:

Years known:

If you may transport animals or supplies:

☐ I have a valid driver's license

☐ I have current auto insurance ☐ Not applicable

Screening: I understand that certain assignments may require reference checks, driving-record verification, or other screening before placement.

7. VOLUNTEER AGREEMENT

By signing below, I confirm that I have read and agree to the following:

1. I am applying to serve as an unpaid volunteer and understand that no employment relationship or compensation is created.
2. I will follow rescue policies, staff instructions, training requirements, schedules, sanitation procedures, and animal-handling rules. I will not handle an animal or perform a task I have not been authorized to perform.
3. I will treat animals, adopters, visitors, staff, and other volunteers respectfully. I will promptly report bites, scratches, escapes, unsafe conditions, suspected mistreatment, or other incidents.
4. I understand that work around animals and at events may involve risks, including bites, scratches, falls, allergies, property damage, and illness. I voluntarily accept the ordinary risks of approved volunteer activities.
5. To the extent permitted by law, I release and hold harmless Paws 2 The Walls Cafe and its directors, officers, staff, and volunteers from claims arising from the ordinary risks of my approved volunteer service.
6. If I become ill or injured, I authorize the rescue to contact my emergency contact and seek emergency assistance when reasonably necessary. I am responsible for my own medical expenses unless applicable law provides otherwise.
7. I will protect confidential personal, adoption, donor, and animal-care information and will not post or share it without authorization. Rescue records, keys, equipment, and supplies remain rescue property.
8. I understand that volunteer service may be reassigned, suspended, or ended at any time for safety, conduct, scheduling, or organizational needs.
9. I certify that the information in this application is accurate and complete. I will notify the rescue if information relevant to my assignment changes.

Optional photo/video permission: I permit Paws 2 The Walls Cafe to use images or recordings of me taken during rescue activities for outreach and fundraising.

☐ Yes ☐ No

8. SIGNATURES

Applicant signature:

Date:

Printed name:

Date:

Parent / guardian consent (required if applicant is under 18)

I consent to the applicant's volunteer participation and agree to the terms above.

Parent / guardian signature:

Date:

Printed name and phone:

Relationship:

FOR RESCUE USE ONLY

☐ Approved ☐ Waitlist ☐ Not placed

☐ Orientation complete ☐ Screening complete

Assigned role / area:

Start date:

Reviewed by:

Date:

Notes: