EUCLID ANIMAL SHELTER Volunteer Application and Profile

Thank you for our interest in volunteering at the Euclid Animal Shelter. We request that you complete the following questionnaire. This will help us to use your experience in the best way possible.

PERSONAL INFORMATION:	Today's Date:
Name:	Home Phone:
Address:	Work Phone:
Street / City / State / Zip	
Emergency Contact:	Name / Phone / Relationship
TELL US ABOUT YOURSELF:	Name / Filone / Nelationship
M/hyryygydd ygyr llifer to yellymto ar	
Responsibilities in the shelter include general etc. Is there any particular area that you wou	al maintenance such as cleaning cages, yard work, office work, uld not like to work in? Please explain.
	to work?
What work experience do you feel would be	of particular value to us?
Have you volunteered in an animal shelter be	efore? Where? When? What was your job?
Our goal is to have volunteers come in who immediately. Do you see yourself as someo	en scheduled, sign in, check the "to do" list and start working ne that can do this? □ Yes □ No
We will have a general schedule of priority t first on the list? □ Yes □ No If no, please	tasks set up for each day. Are you willing to start with what is explain
Do you own any animals? □ Yes □ No If	f yes, what kind?

AV	AILABILITY:			
Hov	w much time can you devote to the Euclid Anima	al Shelter on a regular basi	s?	
# Days per week:		Approx. time per visit:		
Wha	at particular days and times are you available?	Please circle all that apply		
	Tuesday am / pm Wednesday am / pm	Friday Saturday	am / pm am / pm am / pm	
	I would also be interested in helping with special projects or events that would be different from my normal volunteer hours.			
	I cannot commit to a regular schedule – please call when you need me for a special event or project.			
AG	E DISCLOSURE AND MEDICAL INFORMATION	DN:		
I an	n over 18 years old □ Yes □ No	Age if under 1	8	
Volu	unteers under age 18 are required to get permis	sion from a parent or guar	dian.	
	en working with animals, it is recommended cinations are good for ten years. Date of your la	•		
Do you have any medical conditions we need to be aware of? $\ \square$ Yes $\ \square$ No If yes, please describe:				
НО	LD HARMLESS CLAUSE:			
con volu prer	wo 25100 Lakeland Boulevard, Euclid,Ohio. I npensation, nor will I be covered by any insurar unteer, I assume the risk of possible accident o mises. I hereby release the Euclid Animal She ility whatsoever while acting as a volunteer for t	nce plan other than my owr r injury while performing m elter and the City of Euclic	n. I also understand that as a y duties whether on or off the	
Sign	nature:	Date:		
Sigr	nature: Parent/Guardian (If under 18 years old			
Witr	ness:			

Thank you for your interest in the Euclid Animal Shelter. We look forward to speaking with you soon. Please return completed form to:

Euclid Pet Pals c/o Euclid Animal Shelter 25100 Lakeland Blvd. Euclid, OH 44132 216-289-2057