**Volunteer Application**

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| **Name:** |  | | | | | | | | **Email Address:** | | | | |  | | | | | |
| **Address:** |  | | | | | | | | **City/State/Zip:** | | | | |  | | | | | |
| **Home #:** |  | | | | **Work #:** |  | | | | | | | **Age:** | |  | **Birth Date:** | | | **/ /** |
| **Occupation:** | |  | | | | | **Employer:** | | | |  | | | | | | | | |
| **Are you presently Employed?** | | | | **⬜ Yes ⬜ No** | | | | | | **May we contact you at work?** | | | | | | | **⬜ Yes ⬜ No** | | |
| **Emergency Contact:** | | |  | | | | | **Relationship:** | | | |  | | | | **Phone #:** | |  | |

**VOLUNTEER/BACKGROUND INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How did you hear about the S/Nipped Volunteer Program?** | | | | |  | |
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| **Have you ever volunteered at an animal clinic/shelter?** | | | | **⬜ Yes ⬜ No** | |  |
| **If yes, when and where?** | |  | | | | |
| **Do you have any allergies, asthma, physical or psychological condition that would affect your volunteer work?** | | | | | | |
| **⬜ Yes ⬜ No** | **If yes, please explain:** | |  | | | |

# How many hours would you like to volunteer? Each week \_\_\_\_\_\_\_\_\_\_ Each month \_\_\_\_\_\_\_\_\_\_

**INTERESTS**

|  |  |
| --- | --- |
| **Special interests/talents (i.e., grant writing):** |  |
|  | |
| **Please explain any special skills, hobbies, or interests that would be beneficial to our organization:** | |
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| --- | --- |
| **Why do you want to be a volunteer for S/Nipped?** |  |
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|  | |

**Statement of Agreement General Release and Waiver**

I am interested in serving as a volunteer for **S/Nipped**. I am prepared to receive orientation, training and supervision in order to devote time to this organization. I will hold the **S/Nipped** harmless if I incur an injury while working as a volunteer.

WHEREAS, the undersigned volunteer (the “Volunteer”) realizes that the **S/Nipped** is a non-profit corporation serving animal life in [include county & state] and;

WHEREAS, major concerns of **S/Nipped** include providing a non-lethal solution to companion animal over-population by spay/neuter and;

WHEREAS, it is unfortunate that some of the animals entering the **S/Nipped** are victims of neglect and/or mistreatment and as a result, their behavior is unpredictable;

NOW, THEREFORE in consideration of (i) the foregoing premises, (ii) Volunteer being allowed in the **S/Nipped** and (iii) **S/Nipped** reliance upon the execution of this waiver and release by Volunteer, Volunteer agrees as follows:

1. Volunteer assumes full responsibility for any and all injuries Volunteer may sustain while serving as a volunteer at the **S/Nipped** or with respect to **S/Nipped** activities away from the clinic.
2. Volunteer assumes full responsibility for any and all medical costs associated with injuries sustained as a Volunteer, whether at or away from the **S/Nipped**, subject to coverage under any medical insurance carried by Volunteer personally or by Volunteer’s employer.
3. The undersigned has/has not (circle one) medical insurance provided by the Volunteer or Volunteers employer. If Volunteer has indicated that the Volunteer has medical insurance, Volunteer agrees to provide a certificate of such medical insurance to **S/Nipped** upon request.
4. Volunteer hereby releases **S/Nipped** from any all claims for personal injuries while a Volunteer at the **S/Nipped** or while performing volunteer activities away from the clinic.

I understand that I may have access to confidential information, including but not limited to donor and volunteer lists. Disclosure of confidential information of **S/Nipped** is unacceptable, and will not be tolerated. I understand that this non-disclosure applies during and after my volunteer time with **S/Nipped**. Any copying, reproducing, or distributing of confidential information is not permissible. Confidential information remains the property of **S/Nipped**. Questions concerning whether information is confidential should be directed to the Clinic Director.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*If Volunteer is under 18 a parent or guardian signature is required.**

For questions and/or concerns please contact Judy Coleman 541-808-2377