SECOND CHANCE
Animal Adoption, Inc.
6647 Lincoln Street, Bonners Ferry, ID 83805
208-267-7504

Volunteer Application

Thank you for your interest in becoming a volunteer for Second Chance Animal Adoption (SCAA). Please fill out the application below and return it to us. After completing this application, the staff will discuss what volunteer opportunities are available to you.

It is our hope that the time you donate to SCAA will prove worthwhile and rewarding to you. Volunteers are greatly appreciated because they help improve the quality of care and services we can provide to the animals in our care.

If you have any questions, please contact a member of our staff at (208) 267-7504.

PLEASE NOTE YOU MUST BE 18 YEARS OLD TO VOLUNTEER WITH DOGS AND 16 YEARS OLD TO VOLUNTEER WITH CATS.

YOU MUST BE 18 YEARS OLD TO VOLUNTEER WITHOUT A PARENT'S WRITTEN PERMISSION.

Date: _____

Name: _____ Birthdate: _____

Address: _____

City: _____ State _____ Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

e-mail address: _____

Are you currently a student? _____ If so, where? _____

Are you currently employed? _____ If so, where? _____

Describe any previous or current volunteer positions: _____

_____

_____

Describe your experiences working with animals: _____

_____

_____

Do you carry medical insurance? _____ Who is your carrier? _____

Volunteer Agreement

I agree with the mission of SCAA as stated below:

> We strive to act as faithful stewards for all abandoned, lost, homeless, and abused animals entrusted to our care in Boundary County with the ultimate goal of finding lifelong, loving homes for every one.

I have read and will abide by the volunteer rules. If I should violate the rules, I may be asked to resign my volunteer position.

I recognize that all reasonable precautions are taken to assure the safety of volunteers at the shelter and at SCAA functions off-site. I understand I may be working with and around animals and that animal behavior is not entirely predictable. I will not hold SCAA responsible for any injuries or accidents, which could occur while volunteering for SCAA either on or off-site. I give SCAA permission to verify any information I have provided in this application.

Volunteer Signature	Date
Parent or Guardian Signature (if volunteer is under 18)	Date

Volunteer Agreement

Please check Volunteer services you would enjoy doing for SCAA:

	Special Events (Boundary County Fair, Halloween Event, etc.)
	Fostering Puppies and Dogs
	Fostering Kittens and Cats
	Yardwork
	Kennel Maintenance
	Dog Walking
	Thrift Store
	Other: _____

Staff Comments:

_____

_____

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