



petsalive, inc.

Volunteer Application Form

Date of Application: _____

Personal Information

Name: _____

Date of Birth: _____ Are you under 18 years of age? YES NO

Phone: (home) _____ (work) _____ (cell) _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

What is the best way to contact you? _____

Emergency Contact: _____

Phone: _____ Relationship (spouse,parent,etc.) _____

Volunteer Areas/Positions/Responsibilities

Please check areas you are interested in:

Pets Alive Spay/Neuter Clinic

- Front Office Duties/Scheduling/Phones
- Computers/Data Entry
- Marketing/PR
- Education/Outreach
- Fundraising/Special Events

- Patient Registration
- Patient Discharge
- Kennel Assistance
- General Cleaning
- Client Transportation

Please mark your availability:

- | | | | | |
|-----------|----------------------------------|------------------------------------|----------------------------------|------------------------------|
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Any |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Any |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Any |
| Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Any |
| Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Any |

Comments/Preferences _____

How many hours per week _____ or month _____ would you like to volunteer?

Are you interested in occasional "on call" work (events, relief shifts, etc)? Yes No

Experience & Skills

Summarize your experience with animals: _____

Briefly describe other volunteer experience: _____

Do you have limitations (heavy lifting, prolonged standing, allergies, etc.) YES NO
If Yes, describe: _____

What do you personally hope to achieve by volunteering at Pets ALIVE? _____

Have you been convicted of a misdemeanor or felony in the past years? YES NO
NOTE: Conviction may **not** disqualify you from volunteering. However, failure to report conviction could lead to termination of volunteer opportunities.
If Yes, explain: _____

References:
Please list two people. One personal reference, one professional reference.
Name _____ Phone _____ Years Known _____
Name _____ Phone _____ Years Known _____

Please read the following statements and initial:

_____ I understand that my application will be reviewed and I will be notified of my approval into the Pets ALIVE volunteer program.

_____ I understand that Pets ALIVE does not carry medical, liability or auto insurance for volunteers, and that it is my responsibility to have adequate insurance coverage should any injury occur while volunteering for Pets ALIVE.

_____ I understand that if I am under the age of 18, my parent/legal guardian's signature is required on both the volunteer application and the release of liability.

_____ Once my application has been approved, I understand that I must attend volunteer orientation sessions specific to my areas of interest.

Volunteer Name (print): _____
Signature: _____



Parent/Legal Guardian Name (print): _____
Signature: _____
Date: _____