

Volunteer Application

Personal Information

Name: _____ Birthday: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

Emergency Contact Info

1st Emergency Contact

Name: _____ Phone: _____

Relationship with Contact: _____

2nd Emergency Contact

Name: _____ Phone: _____

Relationship with Contact: _____

Volunteer Shifts

Tuesday, Wednesday, Thursday, Friday: 12:30-2, 2-4:30

Saturday: 11-1:30

Volunteers are scheduled weekly on a first come, first serve basis. please call prior to Saturday to be scheduled for the following week. If you call to schedule a shift within the same week, we will only reserve them based on availability, and will not overlap shifts that were scheduled ahead of time.

Write-ups

Volunteers get written up from not following protocols and/or rules. Three write-ups will require the volunteer to re-apply and complete orientation again *if accepted*. Severe circumstances may call for two write ups/immediate dismissal.

Release of Liability & Signatures

By signing your name below, you are signing the release of liability waiver which states:

- I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Strayhaven, Inc., from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.
- I acknowledge and understand that as a volunteer of Strayhaven, Inc. I am not covered by workers' compensation or any other insurance policy through Strayhaven, Inc. for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.
- I fully understand that as a part of my volunteer work for Strayhaven, Inc., I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.
- My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Strayhaven Inc. or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

Volunteer Signature: _____ Date: _____

Incident Reports

Incident reports are filled out from volunteers not following protocols and/or rules. Three incidents will require the volunteer to re-apply and complete orientation again *if accepted*. Severe circumstances may call for two write ups/immediate dismissal.

Volunteer Name: _____

1. Date: _____ Circumstance: _____

Volunteer Signature: _____

Manager Signature: _____

2. Date: _____ Circumstance: _____

Volunteer Signature: _____

Manager Signature: _____

3. Date: _____ Circumstance: _____

Volunteer Signature: _____

Manager Signature: _____