



Animal Care SANCTUARY

VOLUNTEER APPLICATION

PO Box A, East Smithfield, PA 18817, (570)596-2200

Being a caretaker to an animal is a big responsibility. Therefore, Animal Care Sanctuary (ACS) wants to make sure that all of our volunteers recognize the importance of providing emotional and physical care for our residents. We ask that you read and complete this application thoroughly. It should be made clear that ACS reserves the right to deny the application of any volunteer, for any reason except those prohibited by law. Any volunteer age 16-17 must have a parent or guardian sign permitting them to volunteer. Any volunteer under age 16 must be accompanied by an adult while at the shelter. Adult must also have an active volunteer application on file.

Volunteer Information

Name: _____ Date: _____

Is this a court ordered community service fulfillment? Please circle: Yes No

If Yes, please include name and contact for probation officer: _____

Age (if under 18) please include names and ages of children who may be volunteering with an adult

Do you have a valid Driver's License? _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Email: _____ (Please keep in mind that email is the primary means of communication within this organization. An email address is required.)

Do you have any special needs or considerations: _____

Emergency Information

Emergency Contact Person: _____ Relationship: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Address: _____

Do you have health insurance? _____ Date of last Tetanus: _____

Do you have any medical conditions that ACS should be aware of in case of emergency? If yes please explain:

Do you have any allergies (medical, animal, or environmental) that ACS should be aware of? _____

Animal Handling Experience

Please list all animals you are familiar with, wild and domestic: _____

Have you ever humanely trapped an animal? _____

Have you ever worked with an animal during a disaster? _____

Have you ever volunteered at an animal shelter? _____ If yes, where/ _____

Available Volunteer Activities

Please circle what you would like to participate in:

- | | | | |
|------------------------|---------------------|------------------|----------------------|
| Organizing Fundraisers | Office Work | Working Events | Kennel Work |
| Baking for Bake Sales | Distributing Flyers | Walk Dogs | Picking up donations |
| Cuddle Cats | Handyman work | Educating Public | Landscaping |
| Special projects | | | |

What days and times are you most available? _____

Please let us know any details about your availability that may impact how you are scheduled for assignments. _____

Relevant Skills and Training

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Biology/Environmental Science |
| <input type="checkbox"/> Cats/Kittens - Bottle Feeding | <input type="checkbox"/> Cats/Kittens - Injury/Illness Recovery |
| <input type="checkbox"/> Creative/Graphic/Artistic Design | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Dogs/Puppies - Injury/Illness Recovery | <input type="checkbox"/> Dogs/Puppies - Socialization/Behavior |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> EMT/Nursing/Paramedic |
| <input type="checkbox"/> Fundraising/Event Planning | <input type="checkbox"/> Gardening/Landscaping |
| <input type="checkbox"/> IT/Computers | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Veterinary/Medical | <input type="checkbox"/> Writing/Editing/Communications |
| <input type="checkbox"/> Other _____ | |

Release of Liability

I, the undersigned, release ACS and its employees and other persons connected with this shelter from any and all liability for damage and injury to myself and I accept full responsibility for any and all such damage and injury. I understand the risks of working with animals and accept those risks. I have been informed that volunteers are not covered by the shelter insurance and acknowledge that I will be working as a volunteer at the shelter at my own risk.

Volunteer _____ Parent/Guardian _____

Tetanus and Rabies Waiver

ACS feels it is important to have a tetanus vaccination before joining the volunteer team. To emphasize the importance, we ask that you read and sign the following waiver:

I understand that because I may handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release ACS from all responsibility for events that may occur if I do not pursue this matter further. I realize that whatever decision I make is at my own risk.

I have been also been advised of the risk of rabies and understand that it is my choice to have the three pre-rabies vaccinations at my own cost.

I release ACS from all legal responsibility and responsibility for any medical care that may be necessary due to injury at the shelter or while I am on shelter business.

Volunteer _____ Parent/Guardian _____

As a volunteer with ACS I agree to the following:

1. To represent ACS in a professional manner while volunteering
2. To respect ACS right to terminate me as a volunteer, should it be determined that I am in conflict with the goals of ACS. ACS has the right to also terminate volunteers if it's determined a volunteer may be a threat to any animal's health and well-being
3. To use equipment and facilities belonging, or being used by ACS, in a manner not to damage or destroy them. Volunteers are responsible for replacing and/or repairing any property they intentionally damage or destroy
4. To return to ACS any property belonging to the organization upon request. Any property not returned will be billed to me for the full value. A person cannot volunteer again until all equipment is returned in good condition.
5. To not represent ACS to the media without the prior approval of ACS
6. To not abuse or neglect any animals, in the care of ACS or otherwise
7. To not cause bodily harm to any other volunteers, staff members
8. To not bring weapons of any kind to the ACS property for any reason
9. Alcohol and illegal drugs are not permitted to be used at anytime when you are volunteering at ACS. If a volunteer violates either, or enters the facility while under the influence of previously ingested substances, they will be dismissed as a volunteer.

10. Smoking is not permitted while handling animals. This is for the protection of the animals and other ACS volunteers and staff. Use only the designated smoking area as a staff member will advise you.
11. For your protection and the safety of our animals, no sandals, short skirts or shorts, high heels, tank or tube tops are to be worn during volunteer hours. Also no loose items (such as loose necklaces, earrings, ties, etc) should be worn that can entangle you or an animal, possibly causing harm to either.
12. Animals and visitors are to be treated with respect. Language should be professional and a positive attitude displayed when working with animals or dealing with the public

I have read the above mentioned conditions and agree to abide by them while a volunteer at ACS.

I understand and agree that submitting this application does not automatically register me as a volunteer for ACS, and that there are certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

By submitting this form, I attest that the information I have provided is true and accurate.

Volunteer: _____

Parent or Guardian: _____

Date Signed: _____

Approved by: _____