



VOLUNTEER APPLICATION

Please complete this application form if you are interested in becoming a *Paws For Seniors* volunteer. Click the Submit button at the bottom to send it to us. Volunteers under 18 must be accompanied by a parent or guardian. We appreciate your interest!

Name, address and contact information:

(We rely on email for communication with our volunteers)

First Name:		Last Name:	
Street or Box:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			
Alternate Email:			
Employer :		Work Phone	

Emergency contact or Guardian (if under 18)

Please provide the name, number and relationship of someone we may contact in case of emergency.

First and Last Name:			
Relationship:			
Home Phone:		Cell Phone:	

About you

Date of Birth:					
Pet Preference?	<input type="checkbox"/> Dog(s)	Sm – Md - Lg	<input type="checkbox"/> Cat(s)	Short – Long Hair	<input type="checkbox"/> No Preference
Describe preferences:					

Skills

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> I am a Good Writer! | <input type="checkbox"/> I am Very Dependable! | <input type="checkbox"/> I drive a big Truck or SUV! | <input type="checkbox"/> I like Computer Work! |
| <input type="checkbox"/> I like Photography! | <input type="checkbox"/> I organize events and lead Teams! | <input type="checkbox"/> I work with Animals Professionally! | <input type="checkbox"/> I'm good with Social Media! |

Skill not found above?



How I'd like to help:

Assignment Preference:

- I want to be a Foster Parent!**
Complete supplemental Foster Home Application.
- Office Duties?** *Includes: updating website, Facebook and profiles on pet adoption pages, such as PetFinder. Develop promotional materials.*
- Evaluate Dogs and/or Cats ?**
includes creating profile for Adoption List sites? What would be the best
- Make Phone Calls?**
(For Example)Making appointments for Home Visits, Vet Visits, and Adoption
- Participate in Events?**
IE: Adoption, Fundraisers....
- Socialization of foster pets includes walking?**
- Transport Services:**
Includes: Take foster dogs/cats to vet? Pick up and deliver Dogs/Cats from Surrendering families to Foster homes? To and from Adoption
- Assist the Adoption Coordinator?**
Includes: Calling references on Adoption Applications. Performing home visits
- Assist the Foster Coordinator?**
Aid in screening potential Foster Homes for suitability for the "Paws For Seniors" Foster home Network.
- Post Flyers, as supplied by "Paws For Seniors"?**
- Help with Fundraising?**
- Suggestion?**

Availability

Please indicate the days and times you are usually available to volunteer. WE are grateful for volunteers who are able to commit to a regular schedule. We also appreciate those who give their time as they are able.

I am just a phone call away! I am ready to help anytime.

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to commit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please read the following before signing:

I will not hold "Paws for Seniors" responsible for any damage, injury or harm caused directly or indirectly by any dog or cat that I handle as a volunteer. I agree that I will not bring suit against "Paws for Seniors", its agents, volunteers, their heirs or estates in case of financial or other loss resulting from my activities as a rescue volunteer.

I certify that all information given on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected.

By signing below, I certify that I have never been convicted of animal cruelty, neglect, or abandonment. Furthermore, I certify that no one residing in my residence has ever been convicted of animal cruelty, neglect, or abandonment.

RELEASE OF LIABILITY AND WAIVER

- ✓ I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against rabies with my physician. I release the *Paws For Seniors, 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 the *Paws For Seniors, Inc.*, I am not covered by workers' compensation or any other insurance policy through the *Paws For Seniors, 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 *Paws For Seniors, 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.
- ✓ I fully understand that as a volunteer and/or foster home for *Paws For Seniors, Inc.*, my family may come in contact with animals at *Paws For Seniors, Inc.* events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests 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 *Paws For Seniors, 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.

Signature of P4S Volunteer(Guardian) _____ **Date** _____

Printed Name of P4S Volunteer _____

DATE RECEIVED BY P4S SECRETARY: (DATE AND INITIALS) _____

Please return original copy to *Paws For Seniors, Inc.* Please keep one copy for your personal records.