

FOR OFFICE USE ONLY

Rec'd _____ Contact _____
Shift(s) _____ Train _____
Hndbk _____ SL told _____ Sched _____
Train Checklist _____ Roster _____
Email block _____

PET WELFARE VOLUNTEER APPLICATION

(Must be 16 or older to volunteer)

Please type or print neatly in ink.

Name _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email Address _____

Do you have Base access? Yes No

Occupation _____ Employer _____

Emergency Contact: Name _____ # _____ Relationship to you _____

How did you hear about Pet Welfare? _____

Check the shift(s) you are available: Cat & dog approximate shift times 7:30 – 9:30 AM or 4:30 -6:30 PM:

Sun AM ; Sun PM ; Mon AM ; Mon PM ; Tues AM ; Tues PM ; Wed AM ; Wed PM ;

Thur AM ; Thur PM ; Fri AM ; Fri PM ; Sat AM ; Sat PM

CHECK ONE: CATS DOGS OR

OFFICE (Hours are 9AM – 1PM, open Monday through Saturday) _____ (day)

Would you also be interested in? . . . Fundraising Facilities Maintenance

PLEASE CHECK WHICH APPLIES TO YOU:

Note to all active duty applicants: You must provide your supervisor's name and phone number. If you fail to show for more than three times without notification, your supervisor will be informed and you will be removed from our list immediately. If you are going absent, TDY, deploying, or on vacation, please inform your shift leader AND note it on the calendar.

To all civilian applicants: Please inform your shift leader AND note it on the calendar in advance if you are unable to work your shift. If you fail to show for more than three times without notification, you will be removed for our list immediately.

To all applicants who volunteer for school credit/community service: You must provide your parent's or guardian's information and have him/her sign this application. If you fail to show without notification, your parent/guardian will be informed and you will be removed from your project for your school credit or community service immediately. If you are not able to work your shift, please inform your shift leader AND note it on the calendar.

In signing this statement, I agree to abide by the policies and procedures of Pet Welfare during my time as a volunteer.

Your Signature

Phone Number

Date

Parent's/Guardian's Signature (If applicant is under age of 18)

Phone Number

Date

Supervisor's Signature (for active duty military members only)

Phone Number

Date

Revised 09/08/10

READ AND SIGN THE FOLLOWING HAZARDS FORM.

INFORMED CONSENT HAZARDS AT PET WELFARE

CAUTIONS

1. Pet Welfare is constantly making minor renovations and improvements to its facilities. I understand that tripping hazards may be present, and that it is my responsibility to recognize and avoid them.
2. Some of the tasks required of volunteers may involve lifting or moving large heavy objects, such as bags of dog food, kitty litter, or animals. I understand that I must not attempt to move large heavy objects beyond my physical abilities, and either obtain assistance or not move them until assistance is available.
3. I am aware that some of the animals I may come in contact with may bite or scratch. This is not because the animals are necessarily vicious. Animals in strange surroundings or with strange people are most likely to defend themselves against a perceived threat.
4. I have freely chosen to work at Pet Welfare, a no-kill shelter on Eglin AFB. I am aware of the risks to myself, my family, my personal pet, and my health that my actions may entail. I hereby release Pet Welfare from any responsibility if I become injured or I, my family, or my personal pets become sick as a result of my volunteer activities.

PERSONAL SAFETY

Some diseases transmit from dogs/cats to humans. Though mostly mild irritation, if you work with dogs/cats, you should know about them and their preventive measures. The minor irritation is ringworm and those caused by fleas and ticks. More serious are rabies. **Pregnant women should not work in the shelter.** The most effective way to prevent the spread of disease is by wearing gloves and good hand washing using anti bacterial soap after handling any animal. Animals which have not yet been checked must be handled with caution.

I understand that it is my responsibility to practice good hygiene and maintain current recommended vaccinations to avoid increasing my risk of catching or spreading an animal borne disease. I understand the above risks and will not hold Pet Welfare responsible for any illness or injury incurred while volunteering for your organization. I also understand that I will not bring along to my shift any person that does not have a completed and approved volunteer application on file at Pet Welfare. Furthermore, I will aid in the identification and prevention of illnesses affecting the animals of Pet Welfare.

In signing this statement, I have read, understand, and agree to abide by the policies and procedures of Pet Welfare during my time as a member of the volunteer team, and to serve at the pleasure of Pet Welfare, conforming to all rules and regulations commonly applied to employees of Pet Welfare. I will address all comments, questions, suggestions, complaints, and criticism to a board member.

*Volunteer's Signature _____ Printed Name _____ Date: _____

Pet Welfare Witness _____ Printed Name _____ Date: _____

***This page MUST be signed by volunteer applicant PRIOR to submission AND witnessed by an office volunteer.**