



VOLUNTEER APPLICATION

Before completing application please read cover page

Date: _____

Name: _____ E-mail: _____

Street Address: _____ City: _____ State _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

How did you hear about Helping Paws? _____

Information About You

Are you 18 years of age or older? Yes _____ No _____ If no, how old are you? _____

NOTE: If under the age of 18 your waiver must be signed by a parent before you can volunteer. Children under the age of 16 must be accompanied by an adult at the shelter at all times who has a completed application on file.
A copy of driver's license or state I.D. card is required for all adults.

Are you currently employed? Yes _____ No _____ Employer: _____ Occupation: _____

Are you currently in school? Yes _____ No _____ School: _____ Grade Level Completed: _____

Emergency Contact's Name: _____ Emergency Contact's Phone: _____

List one adult reference, no family members:

Name: _____ Relationship: _____ Phone: _____

Do you have any animals at home? Yes _____ No _____ If yes, how many and what kind: _____

Do you have any allergies or physical conditions that might affect your ability to volunteer? If so, please describe and explain any special accommodations you may need: _____

Please list any previous volunteer work:

Name of Agency and Location	To/From (dates)	Contact Person's Name	Phone

Why do you want to volunteer at our shelter?

Availability

Many of the volunteer opportunities at the shelter require a weekly or bi-weekly commitment. Please consider whether you are able to honor this commitment before submitting the application.

Please indicate what days of the week and what hours you are available:

Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

Volunteer Opportunities

Adoption Fairs/Outside Events _____	Grounds/Gardening _____
Cat Enrichment _____	Laundry/Dishes _____
Clerical work/Data Entry _____	Maintenance/Handyman _____
*Dog Walking: _____ Day & Evening hours	Newsletter Writer/Contributor _____
Event Planning/Fundraising _____	PR/Marketing _____
Foster Home _____ <i>*Must complete foster application</i>	Shelter Cleaning _____ (Dog, cat, or shelter)
Adoption Counselor _____	Tag Days/Wish List Events: _____
Graphic Design: _____	

* Minimum age is 18. Everyone must go through training.

Do you have any experience/ training in any of the following areas and are willing to utilize these skills as a volunteer?

Accounting/Quick Books _____	Social Media Mkt : _____
Animal Rescue/Transport _____	Strategic Planning: _____
Bathing/Grooming _____	Technical Writing: _____
Dog Training: _____	Volunteer Management: _____
Employee/Volunteer Training or Orientation: _____	Website Design _____
Photography/Videographer: _____	Other (please explain): _____

If you have any questions regarding this application please send all inquiries to **volunteer@helpingpaws.net**

YOU WILL ALSO NEED TO COMPLETE THE TWO WAIVER DOCUMENTS

Helping Paws has the right to refuse any volunteer that has any limitations that may result in a safety issue to either themselves or the animals.

Thank you for your interest in Helping Paws Animal Shelter.

Fox Valley HELPING PAWS Animal Welfare Association

WAIVER OF CLAIMS

Acknowledging that working with animals can be inherently dangerous and may cause situations where an incident could occur causing injury, harm, damage and even death, the undersigned hereby acknowledges for and on behalf of the undersigned's benefit and all of the undersigned's successors and assigns, agents, representatives, attorneys, financial consultants, predecessors, spouses, heirs, principals, estates, beneficiaries, executors, administrators and all those acting by and through them (hereafter referred to as "Releasee"), does hereby release and forever discharge the Fox Valley Helping Paws Animal Welfare Association, an Illinois not-for-profit corporation and all of its officers, directors, estates, beneficiaries, agents, spouses, heirs, principals, representatives, administrators, executors, attorneys, financial consultants, predecessors, successors, assigns all of those acting for and on behalf (hereinafter referred to as "Releasor"), from any and all causes of action or claims, of whatever kind of nature, by reason of any matter, including by way of example only and not as a limitation any and all claims of whatever kind of nature, actual or imagined, asserted or which may be asserted by Releasee against Releasor arising out of being at the premises of the Releasor, representing Releasor at any offsite function on behalf of the Releasor and in furtherance of Release working at, with or in connection with Releasor, for whatever cause, manner or purpose including but not limited to the care, handling, feeding, bathing, or caring for the shelter animals.

The Releasee hereby acknowledges that he/she is at least 18 years of age. In the event the Releasee is under the age of 18, the signature of the parent or guardian of the Releasee shall be set forth below and such signature shall bind the Releasee and said parent or guardian to this Waiver of Claims. The Releasee hereby acknowledges that the signature of their parent or guardian is the true and actual signature thereof and the Releasee understands the terms of this Waiver and signs it of his/her free will that Releasee intends to be bound by the terms and conditions set forth in this Waiver of Claims.

The Releasee hereby fully read and understands this Waiver of Claims, agrees to be bound by the conditions and terms set forth herein, and agrees that in the event there is a violation of any of the foregoing, Releasor may take whatever action it deems necessary to enforce this Waiver, and Releasee agrees to pay for any and all costs, of whatever kind of nature, including reasonable attorney's fees and costs, incurred by Releasor in connection with the enforcement of this Waiver of Claims or any of the terms contained therein.

This Waiver of Claims contains the entire agreement between the parties herein and the terms of this Waiver of Claims are contractual and not a mere recital.

Dated: _____

Volunteer Signature: _____ Volunteer Printed Name: _____

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Home # _____

Cell # _____

VOLUNTEER AGREEMENT

I hereby accept the volunteer role at Helping Paws for no monetary compensation. I understand that working in the shelter or with Helping Paws shelter animals at any location may expose me to certain risks inherent in animal caretaking and I voluntarily accept those risks. While at Helping Paws, I agree to conduct myself at all times in a manner which minimizes any risk to me or to the animals.

If I bring in a minor child or children with me to the shelter or into the presence of any of the shelter animals, I do so with the knowledge that exposure of such minor(s) to the dangers that may accompany our service to Helping Paws will be at my own risk and that of the minor(s). I will supervise this minor child (or children) at all times in the shelter or elsewhere in the presence of shelter animals.

If I am pregnant or suffer any physical problems that may be affected in any way by cleaning or other chemicals used in connection with my volunteering that may be detrimental to my health or the health of my fetus, I will temporarily cease any activity of my volunteer position that may be detrimental.

I understand that the shelter manager has full operation control of the shelter volunteers and has the authority to take whatever action that is necessary in the case of a violation at the shelter of Helping Paws policy or procedure.

In the event I have a complaint or criticism about any facet of my volunteering or about Helping Paws policy or procedure, I agree to deliver such complaint or criticism in confidence, if necessary, to the shelter manager or president of the Board of Directors of the handling through appropriate channels.

Signature of Volunteer: _____

Printed Name of Volunteer: _____ Date: _____

Home#: _____ Cell #: _____

PHOTO WAIVER

I hereby grant Helping Paws Animal Shelter permission to use my likeness in a photograph and/or video in any or all publications, including press and website entries, without payment or any other considerations.

I understand that these publications will become the property of Helping Paws Animal Shelter and will not be returned. I authorize the above mentioned to edit, copy, exhibit and publish the photos for purposes of publicizing and promoting Helping Paws Animal Shelter and all functions held under that name.

In addition, I waive any right to any royalties or other compensation arising or related to the use of the photograph.

Volunteer Signature: _____ Volunteer Printed Name: _____

I, _____ am the parent or legal guardian of _____.

I have read and understand the above description of this document. I consent to my child being photographed as described above.

Parent Signature: _____