

# Volunteer Application

Today's Date: \_\_\_\_\_

Please Check One:  Mr.  Mrs.  Ms.  Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_ - \_\_\_\_\_

Tel: (Home) ( ) - \_\_\_\_\_ (Bus) ( ) - \_\_\_\_\_, Ext.: \_\_\_\_\_ (Cell) ( ) - \_\_\_\_\_

E-Mail: \_\_\_\_\_

1. Please indicate if you already have an area of special interest or experience:

- |  |  |
|--|--|
| <input type="checkbox"/> Adoption Counselor/Assistants | <input type="checkbox"/> Community Outreach/Public Relations |
| <input type="checkbox"/> Foster Care                   | <input type="checkbox"/> Humane Education Aide               |
| <input type="checkbox"/> Health Staff Assistance       | <input type="checkbox"/> Office/Clerical Aide                |
| <input type="checkbox"/> Surgical/Vet Technician       | <input type="checkbox"/> Grooming/Cleaning                   |
| <input type="checkbox"/> Doggie Wrangling              | <input type="checkbox"/> Walking/Supervising Dogs            |
| <input type="checkbox"/> Kennel Care/Clean Up          |  |

2. Are you volunteering through a referral program?  Yes  No

3. If yes, indicate which agency, name of contact person and number of hours you are required to volunteer: \_\_\_\_\_ Hours: \_\_\_\_\_

4. Are you a member of any animal welfare organizations?  Yes  No

5. Did you previously adopt or volunteer with **BEAGLES AND BUDDIES**?  Yes  No

6. Languages spoken: \_\_\_\_\_

7. Volunteer work at **BEAGLES AND BUDDIES** is not only animal-related, it also involves constant contact with the public. How do you feel about talking with all kinds of people?

What kind of public contact have you had? \_\_\_\_\_

8. Have you any formal education in pet or animal welfare?  Yes  No

If yes, describe: \_\_\_\_\_

9. Have you ever volunteered at any other organization?  Yes  No

If yes, where? \_\_\_\_\_

What did you do? \_\_\_\_\_

10. Do you have any pets of your own?  Yes  No If yes, please list: \_\_\_\_\_

11. Do you have any special hobbies or skills? \_\_\_\_\_

12. Do you have any physical, medical, or psychological limitations or disabilities  Yes  No that might hinder you from participating in any area of the program?

If yes, please explain: \_\_\_\_\_

13. Are you on any medication?  Yes  No

14. Date of last tetanus shot: \_\_\_\_\_

15. What school, if any are you presently attending? \_\_\_\_\_

16. Please mark your age group:  13-16  16-18  19-65  Over 65

**In case of an emergency, please contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_ - \_\_\_\_\_

Tel: (Home) ( ) - \_\_\_\_\_ (Bus) ( ) - \_\_\_\_\_, Ext.: \_\_\_\_\_ (Cell) ( ) - \_\_\_\_\_

Please note the following age rules:

- All volunteers must be 13 years of age or older
- All volunteers under the age of 16 must be accompanied by an adult at all times
- All volunteers under the age of 18 must have a parent accompany them to volunteer orientation

In anticipation that you will be accepted into the **BEAGLES AND BUDDIES** volunteer program, please read and sign the following agreement:

## **Applicant's Agreement**

In signing this application, I understand and agree to the following:

- I authorize **BEAGLES AND BUDDIES** to seek emergency medical treatment in case of an accident, injury, or illness.
- I agree to abide by the policies and procedures presented to me at the volunteer orientation and training meetings.
- I will take ideas, constructive comments, suggestions, and criticism directly to the Director of Volunteer Services and agree to be supervised by the Director of Volunteer Services.
- If communication problems develop between employees and myself, as a volunteer I will report these to the Director of Volunteer Services as soon as possible.
- I understand that **BEAGLES AND BUDDIES** records containing information regarding previous and new owners are to be kept confidential.
- I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by the California State Worker's Compensation Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Parent Permission** *(if applicant is under the age of 18)*

I hereby give permission to **BEAGLES AND BUDDIES** to seek emergency medical treatment for \_\_\_\_\_, in case of accident, injury or illness. It is understood that every effort will be made to contact me, or a person listed below before taking this action.

We understand the risks present in volunteer duties and freely assume those risks and agree to release **BEAGLES AND BUDDIES**, its officers, counselors, and volunteers from and against all claims for injury, loss, or danger to the undersigned as a result of such volunteer duties

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**In case of emergency, please call:**

Parent or Guardian Name: \_\_\_\_\_

Tel: (Home) ( ) - \_\_\_\_\_ (Bus) ( ) - \_\_\_\_\_, Ext.: \_\_\_\_\_ (Cell) ( ) - \_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_

Tel: (Home) ( ) - \_\_\_\_\_ (Bus) ( ) - \_\_\_\_\_, Ext.: \_\_\_\_\_ (Cell) ( ) - \_\_\_\_\_

Date of last tetanus shot: **Error! Reference source not found.** \_\_\_\_\_

**Please note that Indemnity Waiver and Liability Release and Confidentiality Agreement must be included with this application.**

**Please bring this application with you to the next scheduled volunteer orientation.**

**For information on the next orientation, contact [beagles@beaglesandbuddies.org](mailto:beagles@beaglesandbuddies.org).**

**BEAGLES AND BUDDIES**

2661 Strozier Avenue  
El Monte, CA 91733  
(626) 444-9664