

MERCED S.P.C.A. VOLUNTEER FORM

APPLICATION DATE _____ DATE OF ORIENTATION _____

NAME _____ PHONE # _____

ADDRESS _____
STREET CITY STATE ZIP

EXPLAIN BRIEFLY WHY YOU WOULD LIKE TO VOLUNTEER: _____

LIST PREVIOUS VOLUNTEER WORK/OR WORK EXPERIENCE: _____

LIST ANY SPECIAL SKILLS, INTERESTS OR HOBBIES THAT MAY BE HELPFUL: _____

LIST THE ANIMALS YOU HAVE NOW AND HAVE HAD IN THE PAST: _____

LIST ANY FORMAL EDUCATION RELATING TO ANIMALS IF ANY: _____

LIST PRIOR EXPERIENCE AT AN ANIMAL SHELTER OR IN A RELATED FIELD: _____

LIST ORGANIZATIONS IN WHICH YOU HAVE BEEN A MEMBER: _____

HOW DO YOU HANDLE DIRECTIONS FROM OTHERS? _____

PLEASE INDICATE THE DAYS OF THE WEEK AND HOURS YOU ARE AVAILABLE. VOLUNTEERS ARE USUALLY NEEDED BETWEEN 1 PM AND 4 PM ON THURSDAY, FRIDAY, SATURDAY AND SUNDAY. IF YOU ARE AVAILABLE ON OTHER DAYS PLEASE SEE KENNEL MANAGER TO MAKE ARRANGEMENTS.

PLEASE CIRCLE WHICH DAYS WORK BEST FOR YOU: THURSDAY FRIDAY
SATURDAY SUNDAY

HOW MUCH TIME ARE YOU INTERESTED IN VOLUNTEERING? THE SHELTER ASKS THAT YOU VOLUNTEER A MINIMUM OF ONE HOUR A MONTH _____

WHEN WILL YOU BE ABLE TO START? _____

IN CASE OF EMERGENCY PLEASE NOTIFY: _____

PHONE# _____ ADDRESS: _____ NAME _____ RELATIONSHIP _____

VOLUNTEER SIGNATURE: _____ DATE _____

WAIVER AND RELEASE OF LIABILITY

I, _____ AM THE PARENT OR LEGAL GUARDIAN
OF _____ AGE _____

I UNDERSTAND THAT THIS CHILD WILL BE VOLUNTEERING WITH THE MERCED S.P.C.A. AND IN THE COURSE OF SUCH VOLUNTEER WORK SAID CHILD WILL HAVE DIRECT CONTACT WITH DOMESTIC ANIMALS.

I, FURTHER, UNDERSTAND THAT THE BEHAVIOR OF DOMESTIC ANIMALS IS SOMETIMES UNPREDICTABLE AND THAT SOME DOMESTIC ANIMALS ARE CAPABLE OF INFLECTING SERIOUS PERSONAL INJURY OR DEATH, AS WELL AS EXTENSIVE PROPERTY DAMAGE. KNOWING THE RISK OF HANDLING DOMESTIC ANIMALS ON THE BEHALF OF THE MINOR AND MYSELF, I AGREE TO ASSUME THESE RISKS AND TO RELEASE, INDEMMIFY AND HOLD HARMLESS THE MERCED S.P.C.A. SHELTER FOR ANY AND ALL PERSONAL INJURY AND PROPERTY DAMAGE RESULTING FROM THE CHILD'S VOLUNTEER WORK.

I GIVE THE MERCED S.P.C.A. ANIMAL SHELTER AUTHORITY TO SEEK EMERGENCY MEDICAL TREATMENT, IF NECESSARY, FOR SAID CHILD. I UNDERSTAND THAT, IN THE EVENT OF AN ACCIDENT WHILE SAID CHILD IS PERFORMING VOLUNTEER SERVICES, SAID CHILD WILL BE COVERED BY STATE INDUSTRIAL INSURANCE (WORKMAN'S COMPENSATION) FOR MEDICAL COSTS ONLY.

I KNOW OF NO MEDICAL OR ANY OTHER CONDITION THAT WOULD PREVENT SAID CHILD FROM VOLUNTEERING AT THE MERCED S.P.C.A. ANIMAL SHELTER.

PARENT/GUARDIAN'S SIGNATURE

DATE

RELATIONSHIP TO MINOR

ADDRESS

CITY

STATE

ZIP

() _____
HOME PHONE #

() _____
WORK PHONE#