

FIGHTING FOR DAWN

VOLUNTEER APPLICATION

Date of Application ____ / ____ / ____

PERSONAL INFORMATION

(Please print this information)

First Name _____ Last Name _____

Nick Name _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Email address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Best time to call _____ May we contact you on your work or cell phone? _____

Education: (Circle Last Year Completed) High School 1 2 3 4 College 1 2 3 4

Occupation: _____

In case of an emergency, whom should we contact?

Name _____ Relationship _____

Day Phone _____ Evening Phone _____

If you will be volunteering with a child between 14 and 18 years of age, please fill out the following information:

Child Volunteer's Name _____

Date of Birth _____ What is your relationship with the child? _____

Child's emergency contact: _____

Daytime Phone _____ Evening Phone _____

Do you have any pets? If yes, let us know how many and their ages.

Are your animals spayed or neutered? _____

Do you have any experience as a volunteer? If yes, with what organization(s)?

How did you hear about our volunteer program? _____

Why do you want to volunteer with us? _____

Do you have any physical restrictions, medical limitations or allergies? (if so, please list)

Please list any special skill that you may have that would be helpful to the shelter such as graphic design, accounting, web site administration, photography, media relations, fund raising, etc.

How often would you like to volunteer? _____

Volunteering at Fighting for Dawn does require contact with the general public, especially on the weekends. Even working in direct animal care there will be times when you will be asked to help the public as they inquire about adoptable animals. Are you comfortable with this? Please explain why or why not.

VOLUNTEER AGREEMENT AND CONTRACT

Adult & Junior Volunteer

Initials Initials (if applicable)

_____ & _____ I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of Fighting for Dawn.

_____ & _____ I agree to abide by all Fighting for Dawn policies and procedures.

_____ & _____ I authorize Fighting for Dawn to contact the emergency contact on this application and seek emergency medical care in case of accident, injury, or illness.

_____ & _____ I agree that my services are provided on a volunteer basis without pay or compensation of any kind and all services are to be performed at my own risk.

_____ & _____ I have received a Tetanus vaccination in the last ten years.

_____ & _____ I understand that in handling animals and performing other volunteer tasks there does exist a risk of injury including physical harm caused by the animals.

_____ & _____ I hereby allow FFD to use any photographs taken of me on property or at a special event for public relation purposes.

_____ & _____ I agree that on behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify, and hold harmless Fighting for Dawn, its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause, including costs and attorneys' fees incurred by Fighting for Dawn in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for Fighting for Dawn including but not limited to animal bites, accidents, or injuries.

Adult Name Printed _____

Adult Signature _____

Child Name Printed _____

Child/Guardian Signature _____