

Volunteer Application

Mr. Mrs. Ms. Miss

DATE _____

Name: _____
(Last) (First) (Middle Initial) (Nickname)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Business: _____ Cellular: _____

E-Mail: _____ Contact preference? (Home phone, E-mail, etc.) _____

Employer: _____ Occupation/Title: _____

Do you have any physical, medical, or psychological limitation or disability that might keep you from participating in any area of the Volunteer Program (e.g. heart condition, back injury, allergies, etc.)?

No Yes

If so, please explain:

Failure to disclose limitations prior to acceptance to the Volunteer Program may result in dismissal

Emergency Contact: _____
(Name) (Phone number) (Relationship)

How did you hear about our volunteer Opportunities?

Have you been referred to Our Companions to complete court-ordered community service hours?

No Yes

Will you be using your volunteer time at Our Companions to complete a school requirement?

No Yes

Please help us measure the diversity of our Volunteer Program Completion of these questions is optional:

Sex: Female Male

Marital Status Single Married/
Partnered

Birthday: Month: _____ Day: _____

Time periods that you are available to volunteer:

Weekdays: Mornings Afternoons Evenings

Weekends: Mornings Afternoons Evenings

1. Have you participated in any other kind of volunteer work? Yes No
If so, where and what did you do? _____

2. Are you a member of any animal related organizations? Yes No
If so please list: _____

3. Describe any training, experience, or formal education in animal care or welfare you have had that might help you in your volunteer assignment:

4. Please list the types of animals that have shared your home:

5. Please list the things you hope to gain from volunteering with Our Companions:

7. Do you have any questions or concerns about Our Companions' mission or philosophies? If so, please explain:

What areas of Volunteer Work most interest you?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Special Events/
Outreach | <input type="checkbox"/> Animal Assistance Program
(telephone counseling) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sanctuary
Beautification |
| <input type="checkbox"/> Administrative/
Office | <input type="checkbox"/> Grant Writing/Copy
Writing/Editing | <input type="checkbox"/> LEAD Program
Assistant | <input type="checkbox"/> Animal
Ambassador |

Are there any other areas not listed that interest you?

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

- I agree to attend all required training classes and to abide by the Volunteer Policies and Procedures as presented to me by Our Companions Domestic Animal Sanctuary.
- I agree to be supervised by the Volunteer Department or a designated staff person, and I will take ideas, constructive comments, suggestions, and criticisms directly to my supervisor or the Volunteer Department.
- I give Our Companions permission to use photographs or video footage of my volunteer activities should it benefit the volunteer program or the organization.
- I understand that, as a volunteer, I may gain access to information about the organization, customers, or staff that is confidential. I agree to respect and maintain the confidentiality of all donors, customers, volunteers, staff, and other individuals working with Our Companions both on and offsite, during and out side of volunteer hours.

Signature of Volunteer

Date

Print Name

Signature of parent or guardian if younger than 18

Date

Print Name