

VOLUNTEERS FOR ANIMALS

PO BOX 1621
BATAVIA, NY 14021



ALL VOLUNTEERS MUST BECOME MEMBERS OF *VOLUNTEERS FOR ANIMALS*, PAY ANNUAL DUES AND ATTEND AN ORIENTATION PRIOR TO VOLUNTEERING AT THE GCAS. ANYONE BETWEEN THE AGES OF 10 AND 17 YEARS MUST VOLUNTEER WITH A PARENT AT ALL TIMES. THE PARENT MUST COMPLETE AN APPLICATION, BE A MEMBER, PAY DUES AND ATTEND AN ORIENTATION WITH THE CHILD. ALL VOLUNTEERS MUST HAVE CURRENT HEALTH INSURANCE. PLEASE COMPLETE THE APPLICATION, READ THE AGREEMENT AND SIGN, AND RETURN TO VFA. A VOLUNTEER WILL BE IN TOUCH WITH REGARDING THE NEXT ORIENTATION. THANK YOU.

VOLUNTEER APPLICATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ WORK PHONE _____
E-MAIL ADDRESS _____ DATE OF BIRTH _____ AGE _____
CONTACT IN AN EMERGENCY _____ PHONE NUMBER _____

PREVIOUS OR PRESENT VOLUNTEER EXPERIENCE: _____

WHAT IS YOUR EXPERIENCE WITH ANIMAL CARE, TRAINING, AND HANDLING? _____

WHY DO YOU WANT TO VOLUNTEER? _____

WHAT DOES THE WORD "COMMITMENT" MEAN TO YOU? _____

LIST NAMES OF ANY FRIENDS OR RELATIVES VOLUNTEERING WITH *VOLUNTEERS FOR ANIMALS* AND THEIR RELATIONSHIP TO YOU: _____

WHAT IS YOUR OPINION ON EUTHANASIA? _____

PLEASE LIST, IN ORDER OF PREFERENCE, ALL VOLUNTEER PROGRAMS YOU WOULD LIKE TO PARTICIPATE IN: (cats, dogs, fundraising, pet therapy, grooming, walking dogs etc)

VOLUNTEER PROGRAM **DAYS/TIMES AVAILABLE**

1. _____

2. _____

3. _____

DO YOU HAVE ANY PHYSICAL OR MENTAL LIMITATIONS THAT MAY HINDER YOU FROM PARTICIPATING IN ANY PART OF THE PROGRAM? NO_____ YES_____, PLEASE EXPLAIN_____

LIST ANY ILLNESSES, ALLERGIES, OR DISABILITIES THAT MAY HINDER YOU (IE. HEART CONDITION, DIABETES, BACK INJURIES, OR EPILEPSY):

ARE YOU REQUIRED TO COMPLETE A CERTAIN AMOUNT OF VOLUNTEERS HOURS FOR A SCHOOL, CHURCH, OR OTHER ORGANIZATION? LIST ORGANIZATION AND HOURS:

WHAT DO YOU LIKE BEST ABOUT YOUR CURRENT OR PAST JOB?_____

APPLICANT'S AGREEMENT

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

-I authorize the Genesee County Animal Shelter (GCAS) 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 orientation and training meetings given by the Volunteer Coordinator, or other experienced Staff members.

-I understand anyone under the age of 18 must be accompanied by a parent at all times.

-I will take ideas, constructive comments, suggestions and criticisms directly to the Volunteer Coordinator and agree to be supervised by said VFA serving the GCAS.

-I understand that the Animal Control Officers are in charge of the animals and facility and as a volunteer I am to follow the rules and regulations put forth by the GCAS.

-I will keep confidential any/all information that is not in the best interest of the animal and/or the new or past owner, or any information pertaining to the operation of VFA serving GCAS.

-I have been advised and understand that if I am injured, while acting as an unpaid member of the volunteer staff, that I am not covered by the New York State Worker's Compensation Law.

-I understand that in order to volunteer I must have private health insurance.

-I understand that I am not an employee of VFA serving GCAS. I will not hold VFA, the GCAS, it's employees or directors responsible for any injury or illness incurred or occurring while I am a volunteer worker at the GCAS or any offsite location or program or event sponsored in part or wholly by VFA serving the GCAS.

-I will not hold VFA responsible for any injury or illness incurred or occurring while I am a volunteer participating in the foster care program, providing temporary care for animals from VFA serving the GCAS, while they are in my custody.

FOR ADDED PROTECTION, A TETNUS SHOT IS STRONGLY RECOMMENDED.

VOLUNTEER SIGNATURE_____ DATE_____

4/08

*****FOR OFFICE USE ONLY*****

___ Between 10 -17: Parent_____

___ Health Ins

___ Dues

___ Orientation