

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. ALL VOLUNTEERS MUST BE AT LEAST 18 YEARS OLD AND HAVE CURRENT HEALTH INSURANCE. PLEASE COMPLETE THE APPLICATION, READ THE AGREEMENT AND SIGN, AND RETURN TO VFA. A VOLUNTEER WILL BE IN TOUCH WITH YOU REGARDING AN ORIENTATION. THANK YOU.

VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NNUMBER _____

E-MAIL ADDRESS _____

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 _____

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 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 TETANUS SHOT IS STRONGLY RECOMMENDED.

VOLUNTEER SIGNATURE _____ DATE _____

5/2023