

Animal Aid Humane Society VOLUNTEER APPLICATION with RELEASE

239 – 50th St., Moline, IL 61265 Date **CONFIDENTIAL FORM**

Phone: (309) 797-6550 How did you hear about our shelter?

Email this form click here to send www.molineanimalaid.org

PERSONAL

Name (please print) If under 18, give birth date ____/____/____

Street Address City State Zip

Home Phone Alternate Phone(s)

Email Driver's License

Do you have any medical conditions /physical limitations that we should be aware of (seizures, etc.)? Do you have a current tetanus shot?

VOLUNTEER WORK

Type of Volunteer Work desired at Animal Aid Humane Society

___ Adoptions ___ Answer Phones ___ Bathe/Groom ___ Assist Public
___ Committees ___ Foster Care ___ Fundraisers ___ Publicity
___ Shelter Main. ___ Work with Cats ___ Transportation ___ Care with the Animals ___ Off-site Events ___ Work with Dogs ___ Other

When will you generally be available to volunteer?

WEEK DAYS ___ Mornings ___ Afternoons ___ Evenings WEEKENDS ___ Mornings ___ Afternoons ___ Evenings

Do you have special talents you can share with us from your work/training/hobbies?

COMMUNITY SERVICE / SPECIAL GROUPS

Please complete if applicable

Name of organization Contact/Coordinator

Phone How many hours?

What is the reason for this community service (food stamps, etc.) OR what class/requirement?

Any other info?

RELEASE

I agree to conform to the ANIMAL AID HUMANE SOCIETY policies and procedures.

I agree to respect the confidential nature of information I may obtain.

I also agree to participate in training as is required by my assignment.

I understand that my failure to follow ANIMAL AID HUMANE SOCIETY'S policies and procedures may result in the termination of my service from the ANIMAL AID HUMANE SOCIETY volunteer program.

As a volunteer or the parent/legal guardian of a minor working in the capacity of a volunteer at the ANIMAL AID HUMANE SOCIETY, I do hereby release from any liability or responsibility concerning an injury, illness, or death caused by any animal, or event that is connected to the ANIMAL AID HUMANE SOCIETY in any way, whether it would be on ANIMAL AID HUMANE SOCIETY'S property or elsewhere.

Volunteer Name (please sign)

Date _____

Note: IF YOU ARE UNDER 18, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian Name (please sign) Date

Phone (Day) Phone (Evening)

Office Use Only: Date processed By Comments
Assignment

Date to start Will work with (volunteer name) Orientation given on