

CONTACTED BY \_\_\_\_\_ TO START ON (date) \_\_\_\_\_

WILL WORK WITH \_\_\_\_\_ WILL DO (what kind of work) \_\_\_\_\_

CONFIDENTIAL FORM

239-50th St, Moline, IL 61265 Shelter (309) 797-6550 www.molineanimalaid.org molineanimalaid@gmail.com

### Please print all information

#### PERSONAL

- 1. Name (first) John (mi) A (last) Doe If under age 18, give birth date: \_\_\_/\_\_/\_\_\_
- date:
   \_\_\_\_/\_\_\_/\_\_\_

   2. Street Address
   1001 Hy 1

   City Hometown

   State lowa

   \_\_\_\_\_ Zip \_\_
- 3. Home Phone <u>555-5585</u> Cell Phone <u>355-2525</u> Work Phone <u>555-1515</u>
- 4. Email molineanimalaid@gmail.com Driver's License 555-1515-5555
- 5. Do you have any medical conditions / physical limitations that we should be aware of (seizures, etc.)? Nope
- 6. Do you have a current tetanus s hot? Yes in 2014
- 7. How did you hear about Animal Aid Humane Socie ty? <u>on the news channel kwac 12:00</u>

#### **VOLUNTEER WORK**

1.	Type of Volunteer Work desired at Animal Aid Humane Society:				
	X Adoptions	<u> </u>	X Bathe/Groom	X Assist	
	Public				
	N/ACommittees	<u>N/A</u> Foster Care	<u>X</u> Fundraise	rs	
	Publicity				
	Shelter Main.	Work with Cats	Transportation	Care with the	
	Animals				
	<b>Off-site</b> Events	X Work with Dogs	Other FACEBOOK		
2	When will you general	lly be available to volunteer?	)		

- 2. When will you generally be available to volunteer? 

   WEEK DAYS
   Mornings
   Afternoons
   X
   Evenings
   Weekends
   X
   Mornings

   Afternoons
   X
   Evenings
   X
   Evenings
   X
   Mornings
- 3. Do you have special talents you can share with us from your work / training / hobbies? <u>Jack of all</u> Master of None

#### **COMMUNITY SERVICE / SPECIAL GROUPS**

1. Name of organization \_\_\_\_\_ N/A Contact / Coordinator \_\_\_\_\_

2. Phone \_\_\_\_\_ How many hours? \_\_\_\_\_

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

4.	4. Any other information? <u>I am a top notch worker, and I do windows</u>						
<ul> <li>4. Any other information? <u>Train a top flotent worker, and r do windows</u></li> <li><b>R E L E A S E</b> <ul> <li>I agree to conform to the ANIMAL AID HUMANE SOCIETY policies and procedures.</li> <li>I agree to respect the confidential nature of information I may obtain.</li> <li>I also agree to participate in training as is required by my assignment.</li> <li>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.</li> <li>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.</li> </ul> </li> </ul>							
Volunt	teer Name (please sign) _	John A. Doe	Date <u>1/1/2015</u>				
			guardian must complete this section				
Parent / Legal Guardian Name (please print)			(please sign)				
Phone	(Day) P	hone (Evening)	Cell Phone	Date			

# **Directions for e-mailing this form:**

### You can fill out the form using the on-board typewriter, save the file then Email as an attachment to <u>molineanimalaid@gmail.com</u>

## Or print a copy of the form. Fill the form out and fax it to 309-797-0232

Revised 12-26-14