

# Volunteer Application

**BOTH SIDES MUST BE COMPLETED IN FULL**

For Office Use	
Interview:	___/___/___
Orientation:	___/___/___
Dog Safety Class:	___/___/___
Cat Safety Class:	___/___/___

Date: \_\_\_/\_\_\_/\_\_\_ **MINIMUM AGE 16:** Are you at least 16 years old? Y[ ] N[ ]

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_ First Name for Badge: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ **E-MAIL REQUIRED:** \_\_\_\_\_

Have you volunteered at *Little Shelter* or the *Town of Huntington Cat Shelter* previously? Y[ ] N[ ] If yes, when? \_\_\_\_\_

**REQUIRED: Full Vaccination against Covid-19 including one Booster minimum. Can you fulfill this requirement? Yes[ ] No[ ]**

**Please list date of shots including boosters:** 1<sup>st</sup> Shot: \_\_\_\_\_ 2<sup>nd</sup> Shot: \_\_\_\_\_ 1<sup>st</sup> Booster: \_\_\_\_\_ Other: \_\_\_\_\_

Did you receive a Tetanus shot within the last 10 years? Yes[ ] No[ ]

**CURRENT INFO:**

**Student:** High School[ ] College[ ] Other[ ] Name of School & Town: \_\_\_\_\_

Are you volunteering for community service hours? Y[ ] N[ ] How many hours are needed? \_\_\_\_\_ Reason for Service Hours: \_\_\_\_\_

**Employed:** Yes[ ] No[ ] Name of Employer \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Hours and Days Worked: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Allowed calls at work? Y[ ] N[ ] Emergencies only[ ]

**Unemployed**[ ] **Retired**[ ] Previous career/job: \_\_\_\_\_

Do you have pets? Y[ ] N[ ] How many and what type: \_\_\_\_\_ Can you lift at least 50 lbs.? Yes[ ] No[ ]

What days of the week can you volunteer? Mon[ ] Tues[ ] Wed[ ] Thurs[ ] Fri[ ] Sat[ ] Sun[ ]

How often do you hope to volunteer? Daily[ ] Weekly[ ] Monthly[ ]

How long can you commit to volunteering? 3 months[ ] 6 months[ ] 1 year[ ] long-term[ ]

Between 12 – 7 p.m., what hours can you volunteer? \_\_\_\_\_ When can you start? \_\_\_\_\_

Which **cat shelter location** do you prefer? *Little Shelter, Huntington*[ ] *Town of Huntington Cat Shelter, East Northport*[ ] *Both*[ ]

**FOSTER/VOLUNTEER EXPERIENCE:**

Organization:	Date Started:	Phone #:	What did you do there?	How long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**WHICH VOLUNTEER ACTIVITIES ARE YOU INTERESTED IN? (SELECT AS MANY AS YOU LIKE)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Writing: Newsletters/Bios               | <input type="checkbox"/> <b>Dog Program</b> | <input type="checkbox"/> Events                  |
| <input type="checkbox"/> Artwork: Posters/Graphics/Illustrations | <input type="checkbox"/> Electrical Work    | <input type="checkbox"/> Transporting Animals    |
| <input type="checkbox"/> Handyperson/Carpenter                   | <input type="checkbox"/> Education (Humane) | <input type="checkbox"/> Visit Nursing Homes     |
| <input type="checkbox"/> <b>Cat Program</b>                      | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Walking Dogs            |
| <input type="checkbox"/> Cleaning: Kennels/Cattery               | <input type="checkbox"/> Fostering          | <input type="checkbox"/> Yard Work               |
| <input type="checkbox"/> Computer Programming                    | <input type="checkbox"/> Bingo (Off-site)   | <input type="checkbox"/> Photography/PR/Internet |
| <input type="checkbox"/> Data Entry/Clerical                     | <input type="checkbox"/> Plumbing           | <input type="checkbox"/> Post Adoption Follow-Up |

List any other special skills or professional services that you can contribute to Little Shelter: \_\_\_\_\_

Do you have any medical/physical limitations or disabilities (bad back, allergies, etc?) Y [ ] N [ ] If yes, please explain:

How did you hear about Little Shelter? \_\_\_\_\_

Why do you want to become a volunteer? \_\_\_\_\_

**References Required:** Please include Name, Relationship, Phone Number:

1) \_\_\_\_\_

2) \_\_\_\_\_

<b>Emergency Contact:</b> _____	_____	_____
Name and Relationship	Cell/Home Phone	Work Phone

### Little Shelter Volunteer Agreement

***In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them.***

1. I will abide by the mission, rules, regulations, policies, and programs of Little Shelter while I am a volunteer.
2. If I stop being a volunteer for Little Shelter for any reason or upon Little Shelter’s request at any time, I will promptly return Little Shelter’s supplies, equipment, records, moneys, and other items in good clean condition.
3. I assume the risks of being bitten scratched, injured, or frightened by cats, kittens, dogs and puppies in connection with my volunteer work for Little Shelter. Little Shelter is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for Little Shelter, unless they are a result of Little Shelter’s gross negligence or intentional misconduct. I will indemnify, defend, and hold Little Shelter harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for Little Shelter, or my breach of Little Shelter’s rules, regulations, policies and programs.
4. I understand and agree that Little Shelter may refuse volunteer applications for any reason.
5. If I will be sheltering or providing foster care or boarding of any of Little Shelter’s animals in my home or business, I consent to Little Shelter visiting my home or business from time to time to observe the animals, and their living conditions.
6. I have accurately and truthfully completed this volunteer and application agreement.
7. Any modifications to this agreement must be in writing and signed by both parties. This agreement is binding upon Little Shelter, myself, and Little Shelter’s and my respective heirs, successors, assigns, executors, and personal representatives.
8. As a volunteer for Little Shelter, I understand that working with animals can be a risk. I agree to assume all responsibilities if an accident or property damage were to result, and that I release Little Shelter, its officers and/or its agents from any liability or responsibility whatsoever. I understand that if I have not had a tetanus shot within the last 10 years, I will be responsible for having this shot done by my physician. I agree to wear a Little Shelter badge when volunteering.

Volunteer’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

**LITTLE SHELTER REPRESENTATIVE**

\_\_\_\_\_  
Little Shelter Representative (Print Name and Title)

\_\_\_\_\_  
Little Shelter Representative’s Signature

***VOLUNTEER COORDINATOR’S NOTES:***