

Volunteer Application & Agreement

Instructions

Please fill out all sections as completely as possible. *Feel free to attach additional pages, if necessary.* Return your application by mail to: **KAS Volunteer Coordinator, 1161 Portland Street, St. Johnsbury, VT 05819**, email to info@kingdomanimalshelter.com, or return to the shelter during adoption hours.

Applicant Information

Full Name		Home Phone	
Mailing Address		Email Address	
Physical Address		Other Phone (Cell)	
Are you over 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, please specify your age	

Note: If you are not over 18 years old, this application must also be signed by a parent or guardian. All volunteers under the age of 18 must be accompanied by their parent or guardian at all times.

Emergency Contact:		Phone Number:		Relationship:	
--------------------	--	---------------	--	---------------	--

Occupation (Optional):

Employer Name		Address	
Work Phone			
Can you be contacted at work by	<input type="checkbox"/> Phone <input type="checkbox"/> Email	Work Email	

Are you in need of community service? If so, what for?	
Do you have a criminal record? If so, please explain.	

General Information

Do you have a computer and daily access to the internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to transportation if you don't drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have a disability and require accommodations to perform your assignment, please indicate:		
Why do you wish to volunteer for KAS?		
What do you think you would like to do as a volunteer?		
Are you interested in, and able to foster any of our cats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you hear of this volunteer opportunity?		
Are you up-to-date on your tetanus vaccination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had the rabies vaccination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any pets in your home? If so, what kinds and how many?		
If you have one, who is your veterinarian?		

Availability

When are you available to start volunteering (Month/Day/Year)?	
Which of the following are you interested in? Feel free to select more than one option.	<input type="checkbox"/> Morning Duty <input type="checkbox"/> Adoption Counselor <input type="checkbox"/> Tuck-In <input type="checkbox"/> Fundraising <input type="checkbox"/> Transportation <input type="checkbox"/> Public Relations/Promotions <input type="checkbox"/> Computer <input type="checkbox"/> Fostering (If so, please also fill out the fostering application) <input type="checkbox"/> Other (Please Specify):

Please indicate your preferred days and hours of availability:

Days:	Monday		Tues		Wed		Thurs		Fri		Sat		Sun	
Evenings:	Monday		Tues		Wed		Thurs		Fri		Sat		Sun	
Number of Hours Per Week:						Is your availability flexible?	<input type="checkbox"/> Yes <input type="checkbox"/> No							

Volunteer Application & Agreement (Continued)

Background and Other Experience

Education and training background:	
Experience with animals:	
List any special skills, licenses, certifications, or other experience that you think may be useful in volunteering with our organization:	
Is there anything else you would like us to know?	

Terms and Conditions

- By signing below, I signify that I agree to the following terms and conditions:
- I will abide by the KAS mission, policies and procedures while I am a volunteer.
- If I am selected to coordinate an event or activity for KAS, I agree to provide the Board with information on a timely basis, and work with other board members to obtain Board approval for all new or unusual projects.
- If I stop volunteering at any time, I will promptly return any KAS equipment, records, supplies, and any other items in good, clean condition.
- I assume the risks of being bitten, scratched, injured, or frightened by the animals encountered while volunteering for KAS.
- KAS 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.
- I understand that KAS may refuse volunteer applications for any reason.
- If I provide foster care in my home, I will allow KAS to visit my home to observe the animals and their living quarters.
- I agree to give KAS the right and permission to use my photograph in its promotional materials, publicity efforts, etc., as needed.

I have accurately and truthfully completed this Volunteer Application and Agreement.

Applicant Signature:		Date:	
Parent or Guardian Signature:		Date:	

To be completed by a KAS representative

Reviewed By:		Comments:	
Approved?			
Home visit?			

Volunteer Waiver of Liability

Name: _____ Local Phone Number: _____

Physical Address: _____

Mailing Address: _____

In case of emergency, contact:

Name	Phone	Relationship
------	-------	--------------

Name	Phone	Relationship
------	-------	--------------

Release of Liability

- I am aware that volunteering for Kingdom Animal Shelter, Inc. involves risk of personal injury, property damage, and other associated risks.
- I release and hereby hold harmless Kingdom Animal Shelter, Inc. and this organization's board of directors, officers, agents, employees and event organizers from liability for any loss, damage, and claims, including attorney fees, on account of injury to me or my property arising directly or indirectly from my volunteer participation.
- I am aware that during the course of care, handling and transportation of animals there is a risk of personal injury, property damage, or disease contagion and transmission.

These releases are effective to me, my personal representative, assigns and heirs.

- I know that if I become injured while volunteering for Kingdom Animal Shelter I am responsible for my health care expenses, and I have made arrangements to handle such expenses through personal insurance coverage, access to cash, or other methods.
- I assume full responsibility for any and all claims and costs arising directly or indirectly out of activities, acts, or omissions while volunteering for Kingdom Animal Shelter.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THIS RELEASE AND INDEMNITY AGREEMENT.

Signature of Volunteer	Date
------------------------	------

Signature of Parent or Guardian	Date
---------------------------------	------