

Animal Aid Humane Society**VOLUNTEER APPLICATION with RELEASE**

239 – 50th St., Moline, IL 61265
 Phone: (309) 797-6550 Fax: (309) 797-0244

www.molineanimalaid.org

Date _____ **CONFIDENTIAL FORM**

How did you hear about our shelter _____

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Adoptions | <input type="checkbox"/> Answer Phones | <input type="checkbox"/> Bathe/Groom | <input type="checkbox"/> Assist Public |
| <input type="checkbox"/> Committees | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Shelter Main. | <input type="checkbox"/> Work with Cats | <input type="checkbox"/> Transportation | <input type="checkbox"/> Care with the Animals |
| <input type="checkbox"/> Off-site Events | <input type="checkbox"/> 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 _____

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 _____

ahumane@sbcglobal.net