

VOLUNTEER APPLICATION WITH RELEASE



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

Date _____

Please print all information

PERSONAL

1. Name (first) _____ (mi) ____ (last) _____ If under age 18, give birth date: ___/___/___
2. Street Address _____ City _____ State _____
_____ Zip _____
3. Home Phone _____ Cell Phone _____ Work Phone _____
4. Email _____ Driver's License _____
5. Do you have any medical conditions / physical limitations that we should be aware of (seizures, etc.)?

6. Do you have a current tetanus shot? _____
7. How did you hear about Animal Aid Humane Society? _____

VOLUNTEER WORK

1. 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 _____
2. When will you generally be available to volunteer?
WEEK DAYS _____ Mornings _____ Afternoons _____ Evenings _____ Weekends _____ Mornings _____
_____ Afternoons _____ Evenings _____
3. Do you have special talents you can share with us from your work / training / hobbies? _____

COMMUNITY SERVICE / SPECIAL GROUPS

1. Name of organization _____ Contact / Coordinator _____

2. Phone _____ How many hours? _____
3. What is the reason for this community service (food stamps, etc.) OR what class / requirements? _____

4. Any other information? _____

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 the age of 18, a parent or legal guardian must complete this section

Parent / Legal Guardian Name (please print) _____ (please sign) _____

Phone (Day) _____ Phone (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 E-mail as an attachment to molineanimalaid@gmail.com

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