

Volunteer Application

<p>Office Use Only:</p> <p><input type="checkbox"/> Orientation Completed on:</p> <p>Date: ____/____/____</p>

Please complete and send the following Volunteer Application (within 2 weeks of orientation) to:

KITTIES AND KANINES VETERINARY CLINIC
4900 Rogers Avenue Suite 100
Fort Smith, AR 72903

Name: _____ Email Address: _____

Address: _____ City/State/Zip: _____

Home #: _____ Work #: _____ Age: _____ Birth Date: ____ / ____ / ____

Occupation: _____ Employer: _____

Are you presently Employed? Yes No May we contact you at work? Yes No

Emergency Contact: _____ Relationship: _____ Phone #: _____

VOLUNTEER/BACKGROUND INFORMATION

How did you hear about the Kitties and Kanines Volunteer Program? _____

Have you ever volunteered at an animal clinic/shelter? Yes No

If yes, when and where? _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Do you have any allergies, asthma, physical or psychological condition that would affect your volunteer work?

Yes No If yes, please explain: _____

How many hours would you like to volunteer? Each week _____ Each month _____

Please mark your availability:

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8-12)					
Afternoon (12-5)					

INTERESTS

Please indicate which volunteer categories you are MOST interested in. Some positions may require additional training or time commitments.

CHECK ALL WHICH APPLY:

- | | | |
|---|---|---|
| <input type="checkbox"/> Appointments | <input type="checkbox"/> Data Entry/Filing | <input type="checkbox"/> DOG: Kennel support |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Patient Check-in/Check-out | <input type="checkbox"/> CAT: Kennel support |
| <input type="checkbox"/> Events | <input type="checkbox"/> Animal Recovery/Monitoring | <input type="checkbox"/> Laundry/Packs |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Transport | <input type="checkbox"/> General Housekeeping |
| <input type="checkbox"/> Donation Banks | <input type="checkbox"/> Other: _____ | |

Special interests/talents (i.e., grant writing): _____

Please explain any special skills, hobbies, or interests that would be beneficial to our organization:

Why do you want to be a volunteer for Kitties and Kanines?

PLEASE NOTE: Our volunteer orientations are held on the FIRST SATURDAY of each month from 9:30 to 10:30 AM. Sessions last one hour. An adult (over 18) must accompany all volunteers 14-16 at all times (including the orientation).

Statement of Agreement General Release and Waiver

I am interested in serving as a volunteer for Kitties and Kanines. I am prepared to receive orientation, training and supervision in order to devote time to this organization. I will hold the Kitties and Kanines harmless if I incur an injury while working as a volunteer.

WHEREAS, the undersigned volunteer (the "Volunteer") realizes that the Kitties and Kanines is a non-profit corporation serving animal life in [include county & state] and;

WHEREAS, major concerns of Kitties and Kanines include providing a non-lethal solution to companion animal over-population by spay/neuter and;

WHEREAS, it is unfortunate that some of the animals entering the **Kitties and Kanines** are victims of neglect and/or mistreatment and as a result, their behavior is unpredictable;

NOW, THEREFORE in consideration of (i) the foregoing premises, (ii) Volunteer being allowed in the Kitties and Kanines **reliance** upon the execution of this waiver and release by Volunteer, Volunteer agrees as follows:

1. Volunteer assumes full responsibility for any and all injuries Volunteer may sustain while serving as a volunteer at the Kitties and Kanines or with respect to Kitties and Kanines activities away from the clinic.
2. Volunteer assumes full responsibility for any and all medical costs associated with injuries sustained as a Volunteer, whether at or away from the Kitties and Kanines, subject to coverage under any medical insurance carried by Volunteer personally or by Volunteer's employer.
3. The undersigned has/has not (circle one) medical insurance provided by the Volunteer or Volunteers employer. If Volunteer has indicated that the Volunteer has medical insurance, Volunteer agrees to provide a certificate of such medical insurance to Kitties and Kanines upon request.
4. Volunteer hereby releases Kitties and Kanines from any all claims for personal injuries while a Volunteer at the Kitties and Kanines or while performing volunteer activities away from the clinic.

I understand that I may have access to confidential information, including but not limited to donor and volunteer lists. Disclosure of confidential information of Kitties and Kanines is unacceptable, and will not be tolerated. I understand that this non-disclosure applies during and after my volunteer time with Kitties and Kanines. Any copying, reproducing, or distributing of confidential information is not permissible. Confidential information remains the property of Kitties and Kanines. Questions concerning whether information is confidential should be directed to the Clinic Director.

Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____

***If Volunteer is under 18 a parent or guardian signature is required.**

For questions and/or concerns please contact Ramona Roberts
Email: ramonareal@aol.com
Phone: 479-434-4740