

Office use only:

Call Date: _____

Comments: _____

Interview Date: _____

Start Date: _____



~ VOLUNTEER APPLICATION PACKET ~

Today's Date: _____

Volunteer Profile

* Name: _____

Date of birth: _____ Are you 18 or older? _____

Home address: _____

Daytime phone #: _____ Evening phone #: _____

E-mail address: _____

Occupation: _____ Employer: _____

Social security #: _____ License #: _____

* In case of emergency, please notify:

Name: _____ Relationship: _____

Daytime phone #: _____ Evening phone #: _____

Address: _____

Allergies:

Skills & Experience

* Have you done any other volunteer work? _____

Where? _____

When? _____

Responsibilities: _____

* Have you had any training or education in pet care or animal welfare? _____

Where? _____

When? _____

Availability

When are you available to volunteer?

Monday ____ to ____

Tuesday ____ to ____

Wednesday ____ to ____

Thursday ____ to ____

Friday ____ to ____

Saturday ____ to ____

Volunteer Questionnaire

Date: _____ Applicant: _____

Have you ever worked/volunteered in an animal shelter before? _____

How did you hear about the Warren Billhartz Animal Shelter? _____

Why do you want to volunteer with an animal shelter? _____

Are you aware that this shelter is not a No -Kill shelter? _____

What are your opinions about euthanasia? _____

Do you currently own any pets? What types of animals? _____

Where did you get these pets? _____

Volunteer Questionnaire (continued)

- Are they all vaccinated and licensed? _____ Spayed/Neutered? _____
- Do you prefer to socialize with a particular type of animal? _____
- Are you afraid of any particular types of animals? _____
- How do you feel about cleaning up after the animals? _____
- Do you think that you can handle a strong dog if he is pulling you? _____
- Would you be interested in assisting the office staff with clerical and cleaning duties such as making adoption packets and mopping the floor? _____
- Would you be interested in assisting with Pet Adoption Days and other events during the weekends? _____
- What are your opinions regarding spaying and neutering?

Volunteer Waiver

The Warren Billhartz Animal Shelter feels it is important to have a tetanus vaccination before joining the volunteer team. To emphasize that importance, we ask you to read and sign the following waiver.

- I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician.
- I release the Warren Billhartz Animal Shelter from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is my own risk.
- I have read, understand, and agreed to the above.

Volunteer Signature

_____ Date _____

I understand that the behavior of animals is sometimes unpredictable and that some animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling animals, I agree to assume those risks and to release, indemnify and hold harmless the Warren Billhartz Animal Shelter and City of Collinsville, and/or its officers, directors, employees, agents or contractors, for any and all personal injury and property damages resulting from my volunteer work.

Volunteer Signature

_____ Date _____

Volunteer Contract

This is a contract between _____ and the City of Collinsville, Animal Control. If accepted as a Warren Billhartz Animal Shelter volunteer, I herein promise and agree to the following conditions:

- I will abide by Warren Billhartz Animal Shelter policies and procedures.
- I agree to be supervised by the Collinsville humane officers and to report any problems that may arise.
- I agree to hold as confidential all information that I may obtain, directly or indirectly, concerning clients and staff. I agree not to seek to obtain confidential information from a client. I understand that an intentional or unintentional violation of confidentiality may result in disciplinary action, including termination by the City of Collinsville and/or possible legal action by others (i.e., clients, customers.)
- I agree to be available to volunteer 4-6 hours a month for a minimum of six months.
- I agree to donate my services to the organization without contemplation of compensation or future employment.
- I agree to arrive on time and call a humane officer at the shelter if I cannot fulfill my duties at that time.
- I agree to maintain appropriate attire and maintain a well-groomed appearance.
- I authorize the Warren Billhartz Animal Shelter to seek emergency medical treatment for me in case of an accident, injury or illness.
- I agree to handle only the animals that are assigned to me and understand that I will not be permitted to enter areas that may house animals that are known to be dangerous.
- I agree to enter only the Adoption Center and administrative areas of the shelter unless otherwise instructed.
- I understand that vicious and dangerous animals are housed at the Warren Billhartz Animal Shelter. These animals will not be kept in the adoption section of the shelter but may be walked around other areas of the shelter such as the intake area, halls or common yard.
- I understand that some of these dangerous animals are being held at the shelter for quarantines resulting from animal bites or attacks.
- I agree to take the proper precautions to prevent the spread of disease from animal to animal and will abide by the shelter procedures.

Name (please print): _____

Volunteer Signature

_____ Date _____