

# VOLUNTEER APPLICATION



OFFICE USE: By \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT**

Name \_\_\_\_\_

Email \_\_\_\_\_

*We are unable to accept children 12 years and younger into our volunteer program. A parent or legal guardian must accompany children between the ages of 13 and 16 at all times while at Bay Area Pet Adoptions/SPCA. All children under the age of 18 must have a parent sign a liability waiver. Volunteers at PetSmart must be 21 to work on their own, or 18-20 with a parent working with them at all times.*

Are you over age 18? \_\_\_\_\_ If you are under age 18 what is your full birth date? \_\_\_ / \_\_\_ / \_\_\_\_\_

Have you ever been to our facility in San Leon? \_\_\_ If so, when was the last time? \_\_\_\_\_

Have you ever adopted from us or another group? \_\_\_ If so, which group? \_\_\_\_\_

How did you hear about volunteering with us? \_\_\_\_\_

**PLEASE CHECK ALL AREAS OF INTEREST** (Training and mentoring provided for all positions.)

1. \_\_\_ Canine Crew @ Shelter
2. \_\_\_ Feline Crew @ Shelter
3. \_\_\_ Facility Maintenance and Groundskeeping
4. \_\_\_ Office Work (Onsite and Offsite)
5. \_\_\_ PetSmart Adoption Host for \_\_\_ Dogs \_\_\_ Cats (Sat or Sun @ I-45 @ FM 646 League City)
6. \_\_\_ PetSmart Cat Cuddler & Litter Box Dumper & Nutrition Provider (Mon-Sun 8 a.m. -9 a.m.-ish)
7. \_\_\_ Special Events & Projects

**Please describe any special skills or special areas of interest you may have that are not listed above:**

**Please check the boxes to indicate when you are available:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours are you willing to commit per month? \_\_\_\_\_

Why would you like to be a Bay Area Pet Adoptions/SPCA Volunteer? \_\_\_\_\_

**Communication: In the interest of time, cost and general efficiency, most of our volunteer communication will be done via email.**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

May we call you at work? \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License No. & State \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Does your Employer have a Volunteer Match Program? \_\_\_\_\_

Do you have physical, medical or psychological limitations or disabilities (e.g. heart condition, back injury, epilepsy, allergies) that might hinder your participation in the volunteer program? \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

Do you have previous volunteer experience or experience working with animals or the public? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Are you available to do pickups and/or deliveries? \_\_\_\_\_

**Have you ever been charged or convicted of any crime involving an animal?** Yes\_\_\_\_ No\_\_\_\_

**If yes, please provide specifics:** \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_





Bay Area  
**PET ADOPTIONS**  
TEXAS

## **VOLUNTEER RELEASE**

I, \_\_\_\_\_, hereby agree that upon accepting a position as a volunteer worker at the Bay Area Pet Adoptions/SPCA, to comply with all rules and regulations established by the Bay Area Pet Adoptions/SPCA, and I understand that failure to do so may result in my immediate termination as a volunteer. I also agree to do my best to represent the Bay Area Pet Adoptions/SPCA to the public in an accurate and professional manner.

In consideration of the furtherance of the purposes of the Bay Area Pet Adoptions/SPCA on behalf of myself, my parents, my heirs, my executors, administrators and assigns, I hereby waive and release any and all rights and claims against the Bay Area Pet Adoptions/SPCA and any officers, agents, employees volunteers or members of the above as well as any other persons connected with my visit to the shelter including any of the released party's heirs, executors, administrators, assigns and beneficiaries, for any and all personal injuries, property damage or economic losses or damages (losses) of any nature, which I sustain from any of the above released party's negligent or otherwise legally deficient, acts or omissions in connection with, associated with, or resulting from, in any way, my time at the Bay Area Pet Adoptions/SPCA. I give permission to the Bay Area Pet Adoptions to use all records of my visit for any publicity and/or promotional purpose.

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Signature

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Date

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Print Name