

VOLUNTEER APPLICATION



OFFICE USE: By _____ Date _____

PLEASE PRINT

Name _____

Email _____

What is your birth date? ____ / ____ / ____.

*** We are unable to accept children less than 16 years old into our volunteer program.**

*** A parent/legal guardian must accompany children ages 16 - 17 at all times while at Bay Area Pet Adoptions**

*** Volunteers at PetSmart must be 21 to work on their own, or 18-20 with a parent working with them at all times.**

*** All volunteers must attend an orientation before they can volunteer.**

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. ____ PetSmart Adoption Host for ____ Dogs ____ Cats (Sat. or Sun. League City I-45 @ FM 646)
5. ____ PetSmart Morning Feline Caretaker (Mon-Sun 7:30 a.m. - 9 a.m.-ish)
6. ____ 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.

Print Name

Signature

Date