



# Profile & Application to Volunteer

(PLEASE PRINT)

## Biographical Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #s: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Optional)

### In Case of Emergency Please Contact:

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #s: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

### Parent or legal guardian if you are under eighteen (18):

Phone #s: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #s: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Do you have any special physical or psychological needs that we should know about?

\_\_\_\_\_  
\_\_\_\_\_

### Education (Please Circle Last Year Completed)

High School 1 2 3 4    College 1 2 3 4    Graduate 1 2 3 4

Name of school or university: \_\_\_\_\_

### Occupation:

Industry \_\_\_\_\_

Position \_\_\_\_\_

Profession \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

What is your work schedule? \_\_\_\_\_

Do you currently have any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what types of animals and what are their ages? \_\_\_\_\_

Skills and Experience

Previous work experience: \_\_\_\_\_

Special skills, training, interests or hobbies: \_\_\_\_\_

How did you hear about Pets In Need's Volunteer Program? \_\_\_\_\_

Why are you interested in becoming a Pets In Need Volunteer? \_\_\_\_\_

Please describe any previous experience working with animals. Where? When?

Please describe present and previous volunteer work. Where? When?:

We would be interested in any other information you might wish to offer:

Do you prefer to socialize with a particular type of animal? \_\_\_\_\_

Are you afraid of any particular types of animals? \_\_\_\_\_

Are you willing to clean up after the animals? (Please Circle) YES NO

Do you think you can handle a strong dog if he is pulling you? (Please Circle) YES NO

Are you a member of Pets In Need? (Please Circle) YES NO

If not, are you interested in joining? (Please Circle) YES NO

Availability

Are you available regularly each week? (Please Circle) YES NO

Please indicate the days and time (a.m. or p.m.) when you would be available to volunteer at Pets In Need:

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_

Sat \_\_\_\_\_ Sun \_\_\_\_\_ Almost anytime \_\_\_\_\_

Do you have a valid California Driver's License?    YES    NO

Excluding traffic violations, have you ever been convicted of any criminal offense?    YES    NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References

Please list the names, addresses, phone numbers and relationship of two Bay Area references who are not family members:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I give my permission for Pets In Need to verify any of the information I have provided.

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Please note: Waivers and Applicant's Agreement must be signed before volunteer application can be accepted.

**Applicant's Agreement**

In signing this application, I understand and agree to the following:

- I authorize Pets In Need to seek Emergency Medical Treatment in case of accident, injury or illness.
- I agree to abide by the policies and procedures presented to me at the volunteer Orientation and training meetings.
- I will take ideas, constructive comments, suggestions and criticisms directly to the Volunteer Coordinator and agree to be supervised by the Coordinator.
- I understand that Pets In Need records regarding donors, supporters, previous and new owners are to be kept confidential. Any and all information regarding Pets In Need animals will be kept confidential.
- I understand that because I may handle animals it is important to discuss the animal-related vaccinations with my physician.
- I agree to work for a minimum of four hours per month for at least six months. In some cases, volunteer work is usually the same time and day each week.

- I understand that if I am injured while acting as an unpaid volunteer that I am not covered under California's State Worker's Compensation Law.
- Pets In Need has my permission to use any and all photographs taken of me to promote and publicize Pets In Need programs or events. I understand that all prints, negatives and digital images become the sole property of Pets In Need and may be used without payment or prior notification.
- I understand there is a \$25.00 volunteer enrollment fee.

Signature\_\_\_\_\_ Date\_\_\_\_\_

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

**Rabies & Tetanus Vaccination Waiver**

Although not required, all Pets In Need staff who work in direct contact with any animals are encouraged to obtain and remain current on their Tetanus and Rabies vaccinations. Please read and sign the following waiver:

"I understand that because I will be handling animals, it is important to discuss these vaccinations with my physician. I release Pets In Need from all responsibility regarding my decision, and I understand that whatever decision I make is at my own risk."

Signature\_\_\_\_\_ Date\_\_\_\_\_

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

**Waiver of State Compensation Benefit**

Under our Worker's Compensation Policy, PIN volunteers are not classified as "employees" and are therefore ineligible for Worker's Compensation coverage for injuries that might be sustained while volunteering for Pets In Need.

**Personal Insurance Coverage**

I understand that Pets In Need is a not for profit charity that depends upon contributions from the general public for all funding. I certify that I am covered by a personal, group or employment related health and/or accidental injury insurance policy that will cover any injury that I might receive while volunteering on or off-premises for Pets In Need.

Insurance Provider\_\_\_\_\_

Group #\_\_\_\_\_

Policy Holder Name\_\_\_\_\_

Policy #\_\_\_\_\_

**Waiver of Claims**

Intending to be legally bound, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims against the persons and organizations affiliated with Pets In Need. I further attest that I am physically fit enough to participate in this volunteer program.

By signing this document, I attest to having read, understood and agreed to the above:

Signature\_\_\_\_\_ Date\_\_\_\_\_

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

Return this Profile and Application with \$25.00 enrollment fee to:

Emma Clifford, Volunteer Coordinator  
 Pets In Need  
 873 Fifth Avenue  
 Redwood City, CA 94063  
 eclifford@PetsInNeed.org