



# SAVE, A Friend to Homeless Animals

## Volunteer Application

**Instructions:**

1. Fill out the front and back of this Volunteer Application
2. Make sure you've had a tetanus shot or schedule one.
3. Call SAVE at 609-309-5214 to schedule an orientation
4. Bring this application with you to orientation.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ male female (circle one)

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
 (Please write legibly)

Name of contact in case of emergency \_\_\_\_\_ Relationship to you \_\_\_\_\_

Contact Daytime/Work phone \_\_\_\_\_ Contact Evening/Home phone \_\_\_\_\_ Contact Cell Phone \_\_\_\_\_

Are you volunteering to fulfill a community service requirement? Yes No Hours to complete: \_\_\_\_\_

If "yes", explain the reason for the community service: \_\_\_\_\_

How did you hear about SAVE's Volunteer Program? \_\_\_\_\_

Do you have any ideas for SAVE? \_\_\_\_\_

Tell us of any special talents we could use? \_\_\_\_\_

Have you completed an orientation with us? Yes No If "yes", when? \_\_\_\_\_

If over 18, may we add you to our mailing list? Yes No

Are you available to volunteer at a regularly scheduled time? \_\_\_\_\_

**PLEASE CHECK ALL THE AREAS OF INTEREST**

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> Office Help              | <input type="checkbox"/> Handy Man              | <input type="checkbox"/> Dog Training              | <input type="checkbox"/> Cat Socialization / Red Cat Training | <input type="checkbox"/> Adoption Days- Saturdays |
| <input type="checkbox"/> Special Event Volunteers | <input type="checkbox"/> Yard work/ landscaping | <input type="checkbox"/> Dog Walking               | <input type="checkbox"/> Bottle Feed Newborn Kittens at home  | <input type="checkbox"/> Adoption Days- Sundays   |
| <input type="checkbox"/> Fundraising Committee    | <input type="checkbox"/> Dog Bathing            | <input type="checkbox"/> Nassau Street Dog Walking | <input type="checkbox"/> Cat Cage Cleaning                    | <input type="checkbox"/> Foster Parent            |

**(PLEASE TURN OVER)**

I hereby make application to participate as a volunteer and agree to be governed by the rules and regulations as set forth by SAVE relating to the operation of the SAVE, A Friend to Homeless Animals.

### Liability Waiver for Volunteer/Participant

As a volunteer/participant (or a parent of volunteer/participant under age 18 years of age) of SAVE, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of volunteering/participating in any and all activities connected with or associated with the SAVE, A Friend to Homeless Animals.

I do hereby fully release and discharge SAVE, A Friend to Homeless Animals, their officers, agents, servants, and employees from any and all claims from injuries , including death, damages or loss which may accrue to me on account of my participating/volunteering with SAVE, A Friend to Homeless Animals.

I further indemnify and hold harmless and defend SAVE, their officers, agents, servants, and employees from any and all claims resulting from injuries , including death, damages or loss sustained by me and arising out of, connected with, or in any way associates with my participating/volunteering with SAVE, A Friend to Homeless Animals.

I will follow directives and represent SAVE in a professional manner at all times. I will not make decisions that affect the welfare of any animal without first consulting with my volunteer coordinator, SAVE employee or the Director of SAVE. I promise to give only the best care and handling of all animals in charge. I promise to be at work on time and to work the schedule that I have volunteered for.

**I commit to volunteering at least 8 hours per month at SAVE, A Friend to Homeless Animals.**

Date of your last Tetanus Vaccination: \_\_\_\_\_  
(must be current to work with animals)

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

Signature of Parent or Guardian: (if less than 18 years of age): \_\_\_\_\_

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

**\*\*\*\*\* ANIMALS ARE NOT TO BE BROUGHT IN BY OR ACCEPTED BY SAVE VOLUNTEERS. ANIMALS RESCUED ARE BROUGHT INTO THE SAVE SHELTER BY ANIMAL CONTROL OR BY AUTHORIZED SAVE STAFF MEMBERS ONLY \*\*\*\*\***

---

### For Office Use Only

**Date to begin:**

**Notes/Comments:**