

Volunteer Application

All youth volunteers must be at least ten years of age and must volunteer with an adult. However, you may start volunteering without a parent at age 15 at SpokAnimal.

If under 18 years, Name of Parent/Guardian: _____

DATE: _____ Age: _____

NAME: _____
First Name Middle Initial Last Name

ADDRESS: _____
Street City State Zip

PHONE: (____) _____ (____) _____ (____) _____
Home Cell Work

EMAIL: _____

How do you prefer to be contacted? Please circle: **Phone** **Mail** **E-mail**

When is the best time to contact you? _____

Do you have any previous volunteer experience? **YES** **NO**

If yes, where? _____

Have you been referred to this agency to complete court ordered community service? **YES** **NO**

Are you required to do community service hours for school? **YES** **NO**

If so, how many hours are required? _____

Deadline? _____

Volunteer Release of Liability

I, _____ hereby acknowledge that I have voluntarily requested to participate in volunteer activities, including but not limited to work in the kennel, shelter areas, and assistance at/in shelter booths at special events for SpokAnimal C.A.R.E.

I AM AWARE THAT THIS ACTIVITY MAY BE HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCPET ANY AND ALL RISKS OF INJURY OR DEATH RESULTING FROM SAID ACTIVITY.

I am also aware that a request for a Washington State Patrol Child/Adult Abuse Information Act background check will be performed before I can begin to volunteer with any organization.

Volunteer Initials

Signature (Signed by a parent if volunteer is under 18)

For and in consideration of the opportunity to perform (community service hours, volunteer work) at SpokAnimal C.A.R.E., I hereby release and hold harmless the officers, employees, Board members and any others similarly associated with this organization, from any and all causes of action or claims arising out of my performing (community service, volunteer work) at or for these organizations.

Dated this _____ day of _____, 200_____.

If signed on behalf of a minor, please print minors' full name:

Age of minor _____

Organization Use Only:

WSP check: _____ Database: _____ Orientation: _____