

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: _____ Birthdate: _____

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**

If yes, do not complete this application, court ordered community service is not a part of our regular volunteer program.

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

If so, how many hours are required? _____ What school? _____

Deadline? _____

Type of volunteer work in which you wish to participate. *Please check all that apply:*

- Dog Socializer & Walker (10AM to 2:30PM or 4:30-6:30PM/M-Th, all day Fri., Sat. and Sun.)**
- Cat Socializer & Cuddler**
- Bath Buddy (Grooming)**
- Temperament Assessments - ***
- Pet Adoption Assistant - ***
- Outreach Adoption - ***
- Foster Care - ***
- Crochet, knit or sew blankets/beds**
- Photographer/ Web Entry**
- Greeter/ Customer Service/ Front Desk - ***
- Data-Entry/ Office Help - ***
- Adoption Follow-Up Calls**
- Maintenance, Repair & Grounds keeping**
- Fundraising/ Events**
- Pet Detective (lost/found program)**
- Kennel Assistant (Early mornings)**
- Pet Food Bank**

*** - These opportunities require a commitment of hours or days of the week and additional training.**

What are the best times for you to volunteer?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

How often do you plan do volunteer? Please circle:

More than Once a Week **Weekly** **Twice per Month** **Monthly** **Less Frequently**

How long do you commitment to volunteering here at SpokAnimal? **0-3 Months** **3-6 Months** **6-12 Months**

12 Months or more

In case of emergency who should we contact?

NAME: _____
First Name
Middle Initial
Last Name

RELATION: _____

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

Other special skills or training:

Do you have any physical or psychological limitations (e.g. heart condition, back injury, allergies, etc.) that might hinder you from participating in any area of the volunteer program? If yes please explain:

Organization Use Only:

WSP check: _____ Database: _____ Orientation: _____

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 ACCEPT 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 this 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 this organization.

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: _____

1/17/09

Volunteer Application.doc

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>SpokAnimal C.A.R.E. Agency Bridgette Bossio Attn 710 N. Napa Address Spokane, WA 99202 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <table border="1"><tr><td>Authorized Signature</td><td>Date</td></tr><tr><td>Outreach and Volunteer Coordinator</td><td>(509) 534-8133 ext. 209</td></tr><tr><td>Title</td><td>Area Code/Phone Number</td></tr></table>	Authorized Signature	Date	Outreach and Volunteer Coordinator	(509) 534-8133 ext. 209	Title	Area Code/Phone Number	<p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
Authorized Signature	Date						
Outreach and Volunteer Coordinator	(509) 534-8133 ext. 209						
Title	Area Code/Phone Number						

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____ N/A
Month/Day/Year

Social Security Number: _____ N/A Driver's Lic. Number/State: _____ N/A / _____ N/A

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)