

## VOLUNTEER PROGRAM APPLICATION

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please circle all answers**

Are you 18 years old or older?                      **Yes**                      **No**

**Please check which capacity you are interested in volunteering in:**

Cleaning      Foster care      Socializing/Enrichment      Fundraising      Trapping (TNR)

Do you have any allergies or disabilities that might limit your ability to volunteer?

If so, please describe: \_\_\_\_\_

**Please check or list any special skills you have and/or interested in volunteering in:**

- Photography                       Graphic design                       Writing/editing/proofreading
- Administrative                       Carpentry/maintenance/repair       Legal Skills
- Medical experience:  with animals       or people (please check one and specify) \_\_\_\_\_
- Grooming                       Computer skills                       Social media
- Bookkeeping/Accounting       Communications                       Grant writing
- Grant research                       Public Relations                       Organizational Skills
- Government experience       Non-profit experience

**PREVIOUS WORK EXPERIENCE IF YOU FEEL IT'S APPROPRIATE.**

Please feel free to attach separate page(s) for anything you would like to tell us about yourself and why you would like to volunteer.

**Please circle what days/times you are regularly available to volunteer:**

How many hours a week are you available? \_\_\_\_\_

Monday a.m.	Monday p.m.	Tuesday a.m.	Tuesday p.m.
Wednesday a.m.	Wednesday p.m.	Thursday a.m.	Thursday p.m.
Friday a.m.	Friday p.m.	Saturday a.m.	Saturday p.m.
Sunday a.m.	Sunday p.m.		

**OR WORK FROM HOME**

- If you do not live within walking distance of AnimalKind, you will need to be able to provide your own reliable transportation to and from shelter for shelter cat care volunteer work.

Do you have any allergies or disabilities that might limit your ability to volunteer

If so, please describe: \_\_\_\_\_

Have you ever been convicted of or accused of any animal welfare issues? If yes, please explain:

\_\_\_\_\_

After completing and our receipt of this application, you will receive an email to schedule a phone call or in person meeting to discuss more about AnimalKind and volunteer opportunities that are available to you and discuss specific area(s) you are interested in.

We reserve the right to determine what volunteer opportunities will be offered to applicants. Not all applicants will be accepted, and not all applicants will receive their first choice of assignment. All decisions are final.

**Thank you for your interest in volunteering with AnimalKind!**

Volunteer Signature: \_\_\_\_\_

**You can mail, email or drop off application to:**

Volunteer  
AnimalKind  
PO Box 721, Hudson NY 12534  
Email to: Volunteer.AnimalKind@gmail.com

If a position to volunteering is offered, it will be necessary to agree to the following:  
(To be signed and executed at a later date.)

I, (print your name) \_\_\_\_\_ hereby agree to accept a position as a volunteer at AnimalKind and in doing so, I agree to comply with all of the policies, rules, and regulations which may be established from time to time by the AnimalKind staff. I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a voluntary basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of AnimalKind. All services to be performed by me at my own risk.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge indemnify, and hold harmless AnimalKind, its agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fees incurred, or sustained by me in any way connected with my services for AnimalKind, including, but not limited to, animal bites, scratches, accidents, or injuries.

I agree to release, discharge, indemnify, and hold AnimalKind harmless for any and all damage or loss to my personal property while performing my volunteer services for AnimalKind in a voluntary capacity.

I understand AnimalKind recommends I receive a pre-exposure rabies vaccination series if working directly with cats. I understand that I am responsible for the cost of the pre-exposure series.

I acknowledge that volunteering will not lead to a regular paying position with AnimalKind.

Volunteer signature:

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

Signature of AnimalKind Representative:

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