

Volunteer Application

Thank you for considering the Homeless Animal Adoption League, Inc. (HAAL) as a place to volunteer your time to assist us in completing our mission - Saving Lives One Cat at a Time.

In order to become a volunteer, you must:

- Be 18 years of age or older
 - We only accept volunteers at 16 years of age with parental consent
- Complete this Volunteer Application and have it approved by the Board of Directors

Other restrictions may apply. **We reserve the right to refuse any volunteer application for any reason.**

Today's Date: _____

Personal Information

Full Name: _____ Age: _____

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email Address: _____

*By providing this information you are giving the Homeless Animal Adoption League, Inc. consent to contact you, add you to our email list, and use any necessary provided forms to reach you.

Experience

Have you previously applied to become a volunteer at HAAL: Yes No

Are you a current volunteer at another animal welfare organization: Yes No

Name of organization: _____

Have you previously been a volunteer at another animal welfare organization: Yes No

Name of organization: _____

Were any of these experiences strictly volunteer or were you paid? Volunteer Paid Both

If you have volunteer experience, please list your current/previous duties:

Skills, Abilities, and Availability

Do you currently have a valid driver's license? Yes No Not Sure

Are you comfortable handling cats, lifting and transporting? Yes No Not Sure

Are you comfortable cleaning litter pans and excrement? Yes No Not Sure

Are you comfortable using bleach and other disinfectants? Yes No Not Sure

Briefly state why you want to volunteer with HAAL:

How did you learn about HAAL?

I've adopted from HAAL A Friend HAALNJ.org Facebook Veterinarian

A Current Volunteer Other: _____

What is the earliest date that you can start? _____

What days/times are you available to volunteer?

Mornings

Mon Tues Wed Thurs Fri Sat Sun

Afternoons

Mon Tues Wed Thurs Fri Sat Sun

Evenings

Mon Tues Wed Thurs Fri Sat Sun

Do you have any special skills or training that could benefit our daily operations?

Have you had professional training (i.e. college, tech school, work experience) that involved animal care? Yes No

If yes, please specify: _____

Medical & Emergency Contact Info

Do you have any medical conditions which may put you at risk while fulfilling your volunteer duties?

Yes No Not Sure

If yes, please list: _____

Are you on any medications which may put you at risk while fulfilling your volunteer duties (i.e. blood thinners, etc.)?

Yes No Not Sure

If yes, please list: _____

Please list your emergency contact. If under 18 emergency contact must be parent(s)/guardian(s).

Full Name: _____

Address: _____ **Apt/Unit #:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Alt. Phone:** _____

Email Address: _____

Alternate emergency contact person

Full Name: _____

Address: _____ **Apt/Unit #:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Alt. Phone:** _____

Email Address: _____

Any other information we should be aware of:

Pets at Home

Do you have any pets currently? Yes No

If yes, please complete the following information:

Type of Pet	Age	Time Owned	Spayed/Neutered?	Up to Date on Vaccines?

Veterinarian Information

Enter the information of your current veterinarian

Name of Practice: _____

Name of Veterinarian: _____

Address: _____

City, State, + Zip: _____

Phone Number: _____

How long have you been going to this veterinarian? Years: _____ Months: _____

Who was your previous veterinarian? _____

Do you give the Homeless Animal Adoption League, Inc. permission to contact your veterinarian to discuss your current and past pets' medical records? Yes No Initials: _____

Have you ever been charged/convicted of a crime related to animal abuse/abandonment?

Yes No If yes, please explain:

Acceptance and Consent

Please read and initial after each section, then sign the form. If under 18, both potential volunteer and parent(s)/guardian(s) must initial and sign.

I agree to the following conditions:

I understand that the Homeless Animal Adoption League, Inc. has a mandatory training period which I must complete satisfactorily before being allowed to work with the animals on a hands-on basis.

Initial(s): _____

I understand the Homeless Animal Adoption League, Inc. has the right to refuse or revoke my volunteer status at any time. **Initial(s):** _____

Once accepted as a volunteer, I understand that I am a representative of the Homeless Animal Adoption League, Inc., and continued volunteer status is contingent upon following all guidelines as set forth by this organization. **Initial(s):** _____

I waive my rights to any and all legal liabilities against the Homeless Animal Adoption League, Inc.

Initial(s): _____

I understand the medical risks associated with volunteering with animals including, but not limited to; the potential of exposure to rabies, the possibility of transmitting diseases to my own pet(s) or other humans, amongst other instances that could arise within our organization. I waive my rights to hold the Homeless Animal Adoption League, Inc. responsible for any and all instances associated with these and other risks. I have been advised of the possibilities of transmitting disease to my pet(s) and am aware that they should be current with all vaccinations, where applicable. **Initial(s):** _____

I understand the risk of potential exposure to diseases including, but not limited to, rabies and, if I choose to do so, will receive pre-inoculations against rabies and other potential risks through my own private physician at my own expense. I understand the Homeless Animal Adoption League, Inc. will not provide monetary compensation for medical treatment. **Initial(s):** _____

I am in good physical health, and am able to handle the tasks assigned to me as a volunteer of the Homeless Animal Adoption League, Inc., and I will disclose to the Board of Directors any and all medical issues that may be present or arise in the future which may put me, or the organization (including volunteers) at risk while being a volunteer. **Initial(s):** _____

I understand that I must abide by the decisions of the Board of Directors in regards to the handling, care, disposition of the animals, rules and regulations – even if I do not fully agree with their decision.

Initial(s): _____

I certify that I am 18 years of age or older. If under age 18, I understand that my parent/legal guardian must personally appear to sign this volunteer application and they are responsible for my actions while I am performing any duties for the Homeless Animal Adoption League, Inc. including, but not limited to volunteer times within and outside of the Homeless Animal Adoption League premises.

Initial(s): _____

Volunteer Signature

I, _____ (Print Name), hereby swear that the above information is true and complete to the best of my knowledge. In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

I will abide by the mission, rules, regulations, policies, procedures and programs of the Homeless Animal Adoption League, Inc. while I am a volunteer. If I stop being a volunteer for The Homeless Animal Adoption League, Inc. for any reason or upon the organization's request at any time, I will promptly return all of the organization's supplies, equipment, records, moneys, and other items in good clean condition. I assume the risks of being bitten, scratched, injured, or frightened by the cats/kittens in connection with my volunteer work for the Homeless Animal Adoption League, Inc. and this organization is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for the organization, unless they are the result of the Homeless Animal Adoption League, Inc.'s gross negligence or intentional misconduct. I will indemnify, defend and hold the Homeless Animal Adoption League, Inc. harmless from and against any claims or losses in connection with my gross negligence or intentional misconduct in my performance of volunteer activities for the organization, or my intentional breach of the organization's rules, regulations, policies, procedures and programs. I understand that this volunteer application must be approved by the Homeless Animal Adoption League, Inc.'s Board of Directors in order to volunteer for this organization. I understand more information may be requested in addition to this application.

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature

I, _____ (Print Name), hereby swear that the above information is true and complete to the best of my knowledge. In consideration of the organization offering this volunteer opportunity, I/we agree to the following, intending to be legally bound: My/our child(ren) under my/our guardianship has enough experience with cats and is mature enough to volunteer with the Homeless Animal Adoption League, Inc., and to participate with cats/kittens. Whenever my/our child(ren) under my/our legal guardianship participate(s) in the Homeless Animal Adoption League, Inc.'s activities (volunteering and event attendance), I/we hereby release and agree to indemnify, defend and hold harmless the Homeless Animal Adoption League, Inc., its directors, officers, agents, and volunteers and it's and theirs heirs, successors, assigns and personal representatives from and against liability for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever (the "Losses"), which such child(ren) or any pet or other person might suffer or sustain, except any losses which are the result of the organization's gross negligence or intentional misconduct. I acknowledge that there are risks that the child(ren) could be bitten, scratched, injured or frightened by the cats/kittens and I/we assume such risks.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only

Application Received by: _____

Date Received: _____

Application Approved: Yes No

Application Approved by: _____

Volunteer Start Date: _____