



# ADULT VOLUNTEER APPLICATION

(Must be over 18 yrs old)

Day/Month of Birth : \_\_\_\_\_ / \_\_\_\_\_ Check if 18 or older

NAME (PRINT CLEARLY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone (Work or Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate the days and shifts you are available to volunteer: (Please  the boxes that apply)

In what capacity are you interested in working? (Please  the boxes that apply)

	Morning (7:30 – 11)	Afternoon (11:30- 4)	Evening (6-9:30pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kennel Work Only	<input type="checkbox"/>
Kennel/Desk Work	<input type="checkbox"/>
Medical Assist/Make Vet Trips	<input type="checkbox"/>
Fundraising Projects	<input type="checkbox"/>
Pet Therapy (Nursing home visits)	<input type="checkbox"/>
Building/Landscape Maintenance	<input type="checkbox"/>
Paid Morning Worker (if available)	<input type="checkbox"/>

(\*Note: Start and end times are approximate and can vary within a half-hour each direction)

- How did you hear about P.A.W.S? \_\_\_\_\_
- Why do you want to do volunteer work for an animal shelter? \_\_\_\_\_

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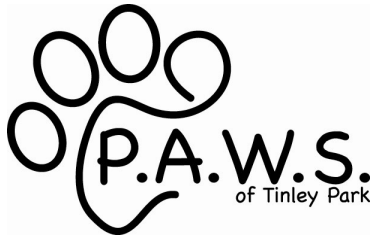
- What experience do you have working with animals? \_\_\_\_\_
- Have you ever volunteered at P.A.W.S? \_\_\_\_\_ When? \_\_\_\_\_
- Have you adopted from us? \_\_\_\_\_ When/Who? \_\_\_\_\_
- Do you presently have pets? \_\_\_\_\_ If yes, what kinds? \_\_\_\_\_
- If you no longer have pets, please explain: \_\_\_\_\_
- Do you have any fear of or allergies to dogs or cats? \_\_\_\_\_
- Have you had a tetanus shot within the last 5 years? \_\_\_\_\_
- We are not a no-kill shelter. Do you object to euthanasia? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

NO APPLICANT WILL BE ALLOWED TO WORK AT THE SHELTER IF THIS FORM IS NOT SIGNED AND THEY HAVE NOT COMPLETED A VOLUNTEER ORIENTATION. **PLEASE READ CAREFULLY, SIGN BELOW AND RETURN TO P.A.W.S.** (EMAIL: [pawstpvolunteer@yahoo.com](mailto:pawstpvolunteer@yahoo.com) , TO SET UP ORIENTATION)

**I HEREBY RELINQUISH ALL CLAIMS AGAINST THE PEOPLES ANIMAL WELFARE SOCIETY (P.A.W.S) IN THE EVENT OF ANY INJURIES SUSTAINED FROM THE ANIMALS OR EQUIPMENT.**

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

<b>P.A.W.S. USE ONLY</b>	Called/Emailed: _____	Shift Scheduled: _____
	Orientation Sched: _____	Start Date: _____
	Orientation Date: _____	HOS Notified: _____



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Peoples Animal Welfare Society, 8301 West 191<sup>st</sup>, P.O. Box 542, Tinley Park, IL 60477

## VOLUNTEER RELEASE FORM

\_\_\_\_\_, hereby agree to accept a position as a volunteer worker for the PEOPLES ANIMAL WELFARE SOCIETY (herein after referred to as P.A.W.S.), and in so doing, I agree to comply with all of the rules and regulations which may be established from time to time by P.A.W.S. and 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 volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of P.A.W.S., 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 P.A.W.S., 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 by P.A.W.S. in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services or P.A.W.S., including, but not limited to, animal bites, accidents, injuries, or zoonotic diseases.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
P.A.W.S. Representative

### The following is OPTIONAL:

\_\_\_\_\_, understand that public education is an important function of P.A.W.S. On behalf of myself, my heirs, personal representative and executors, I allow P.A.W.S. to use any photographs taken of me for use in public education efforts.

\_\_\_\_\_  
Date

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

