



# Volunteer Application

Today's Date: \_\_\_\_\_ Date of Birth (if under 18): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## **Check the box that applies:**

- I am 18 years old or older
- I am 16-17 years old (must complete Parent/Guardian Approval Section below)
- I am 15 years old or younger (must complete Parent/Guardian Approval Section below and be accompanied by a parent/guardian while at shelter)

## **Parent/Guardian Approval Section (if under 18):**

I give my permission for the applicant to volunteer at JPAWS. I understand the above restrictions as well as the waiver of liability below (on page 3).

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Have you ever worked with animals before?

- Yes
- No

If so, in what way? \_\_\_\_\_

Do you have pets of your own?

- Yes
- No

If so, how many/what type? \_\_\_\_\_

Please provide two references we can call:

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

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

Why do you want to volunteer at JPAWS? \_\_\_\_\_  
\_\_\_\_\_

What types of volunteer duties are you interested in?  
(check all that apply):

- Shelter support
- JPAWS Ambassador
- Transport
- Grooming
- Photographer/Wrangler
- Adoption Events
- Foster
- Feline Friends
- Dogs

What shelter location would you prefer?

- East Bank Location
- West Bank Location

### Medical Information Section

Are you allergic to animals (cats or dogs)?

- Yes
- No

Do you have any other medical issues that could be aggravated by working with animals?

- Yes
- No

Can you safely lift up to 30 pounds?

- Yes
- No

Do you have a current tetanus shot?

- Yes
- No

## Waivers and Release of Liability

I understand that the behavior of domestic animals is sometimes unpredictable and domestic animals are capable of inflicting serious personal injury. I understand that working with animals may involve handling fecal materials. Knowing the risk of working with domestic animals, I agree to assume those risk and release, indemnify and hold harmless the JPAWS and/or its officials, directors, supervisors or employees for any and all personal injury or other damages resulting from my volunteer work.

The shelter has advised me that it is important to have a tetanus vaccination prior to volunteering. I understand that because I handle animals, it is important to discuss being vaccinated for tetanus with my physician. I release JPAWS from all responsibility that may occur if I decide not to pursue this matter further, and understand that whatever decision I make is at my own risk.

This certifies that I have read and understood the above waivers and that I have informed JPAWS concerning any restrictions I might have.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Printed Name

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
JPAWS Representative Printed Name

\_\_\_\_\_  
JPAWS Representative Signature