

FRIENDS OF THE SALINA ANIMAL SHELTER, INC. VOLUNTEER APPLICATION

Please complete this Volunteer Application & Agreement if you are interested in becoming active with the Friends of the Salina Animal Shelter, Inc. Please note you must be at least 18 years of age to volunteer; you must attend and orientation session **prior** to volunteering (orientation sessions are normally held on Saturdays between 10 a.m. and 2 p.m); and you must include your \$10 application fee with the application.

Please print all information legibly. Once completed, please leave this form, along with your \$10 application fee **in an envelope** at the front desk at the Salina Animal Shelter or mail to: FSAS c/o Salina Animal Shelter, 329 N. 2nd Street, Salina, KS 67401. Thank you.

PERSONAL INFORMATION

First Name _____ Last Name _____

Street Address _____

City / State / Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ May we call you at work? _____

Email Address _____

****Note:** The vast majority of communication with members is done via e-mail.

Birth Date (mm/dd/yy) _____ Gender Male _____ Female _____

Employer _____ Your Title _____

Hours generally worked _____

EMERGENCY CONTACT INFORMATION

First Name _____ Last Name _____

Street Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to you _____

BACKGROUND / SKILLS / EXPERIENCE

List other agencies/groups/organizations for which you have previously or currently volunteer.

Why would you like to volunteer with Friends of the Salina Animal Shelter, Inc.?

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Please mark any skills, listed below, that you feel apply to you.

- | | | |
|---|---|---|
| <input type="checkbox"/> Animal behavior | <input type="checkbox"/> Art/Design, Posters/Fliers | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Computers/Website | <input type="checkbox"/> Photography | <input type="checkbox"/> Video Recording |
| <input type="checkbox"/> Cleaning/Laundry | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Research |
| <input type="checkbox"/> Record keeping | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Office / Admin |
| <input type="checkbox"/> Organizing events | <input type="checkbox"/> Leading others | <input type="checkbox"/> Grooming pets |

List any other education, skills, experience in pet care or animal welfare you possess.

ADDITIONAL INFORMATION

Do you have any physical or psychological limitations (i.e. allergies, back problems, heart condition, etc.) that would prevent you from participating in certain activities? Please explain:

Do you believe you are capable of:

- | | | |
|--|------------------------------|-----------------------------|
| --Following written and verbal instructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| --Following rules and regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| --Working with the public, staff, & other volunteers in a courteous and respectful manner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| --Supporting spay & neuter of companion animals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| --Work in a facility that euthanizes animals (although you will not be involved in doing so)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| --Working without supervision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| --Working with supervision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please identify which animals you are comfortable working with. Dogs Cats Small Mammals
(Small mammals may include rabbits, ferrets, guinea pigs, etc.)

Do you currently have any pets at home? Yes No

Please list quantity by type Dogs Cats Other

Are your cats and/or dogs spayed or neutered? Yes No

Are your pets up to date on their rabies vaccination? Yes No N/A

Have you ever adopted from the Salina Animal Shelter? Yes No

Have you ever been convicted of a felony? If yes, please explain. Conviction does not necessarily disqualify you from volunteering. We may conduct a background check. If you have not provided complete or truthful information, your application may be rejected or your volunteer service terminated. _____

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AVAILABILITY

Regular volunteer hours at the Salina Animal Shelter are as follows:

Monday through Friday, from 9 a.m. to 1 p.m. and 3 p.m. to 5:30 p.m.

Saturdays from 10 a.m. to 2 p.m.

Sundays from 9 a.m. to 1 p.m. for Rescue Waggin assessments only

Off-Site and Special Events: varies with event, but generally on weekends

Please review the schedule above and indicate below, the days and times you may (generally) be available to volunteer.

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

ACTIVITIES

Based on the descriptions provided at the front of the application, please mark all activities in which you believe you may be interested in participating.

_____ Exercising dogs	_____ Grooming dogs	_____ Foster care for dogs
_____ Socializing cats	_____ Grooming cats	_____ Foster care for cats
_____ Rescue Waggin video	_____ Rescue Waggin assistant	_____ Rescue Waggin assessor
_____ Photography	_____ Off-Site pet visits	_____ Office work
_____ Clean/Laundry/Stock	_____ Greeter/adoption asst.	_____ Special Events
_____ Fund-raising/donations	_____ Train/educate/mentoring	_____ Public speaking
_____ Art/Design	_____ Research/grant writing	

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VOLUNTEER AGREEMENT

As a Friends of the Salina Animal Shelter, Inc. member and volunteer, you will be required to abide by the terms of a volunteer agreement. The agreement below describes what FSAS, Inc. and the Salina Animal Shelter expect of you and what you can expect from FSAS.

If accepted as a FSAS member & volunteer, my signature below indicates that I understand and agree to the following:

I will abide by and support all FSAS, Inc. and Shelter policies and procedures, rules and regulations and understand that failure to do so may result in disciplinary action.

I agree to be supervised by Shelter Director & Staff and the FSAS, Inc. Board of Directors, or designee.

I agree to report any problems relating to animal care, animal behavior, shelter functions, etc. to Shelter staff.

I agree to report any problems or concerns about volunteer issues to the FSAS Board of Directors or designee.

I agree that FSAS, Inc. and/or the Salina Animal Shelter may photograph or video record my participation in this program and hereby release these photos or videos to FSAS, Inc. or the Salina Animal Shelter for use in program or promotional purposes.

I will keep private and confidential all information that I acquire during the course of my volunteer service.

I agree to work a minimum average of four (4) hours per month, unless I am suspended or terminated from the program. I acknowledge that my services are provided strictly on a volunteer basis, without pay of any kind and without liability of any nature on behalf of Friends of the Salina Animal Shelter, Inc. or the Salina Animal Shelter. I understand I am free to resign from the program at any time. Should I wish to resign from the program, I agree to contact the FSAS Membership Assistant or designee either in writing or via e-mail.

I understand that in handling animals and performing other volunteer tasks there exists a risk of injury, exposure to diseases and physical harm caused by the animals. I am aware that some or all of these animals may not have had their rabies shot.

I authorize the Salina Animal Shelter and Friends of the Salina Animal Shelter, Inc. to seek emergency medical treatment in case of accident, injury or illness. I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Kansas Worker's Compensation law.

On behalf of myself, my heirs, personal representatives and executors, I hereby forever release, indemnify and hold harmless the Friends of the Salina Animal Shelter, Inc., the Salina Animal Shelter, its agents, servants and employees, the Salina-Saline County Health Department, City of Salina, KS and Saline County, KS from all claims, causes of action, or demands of any nature or cause, including costs and attorney's fees incurred by the Shelter in connection with the same, based on damages or injuries which may be incurred or sustained by me (or my household members in the event I am fostering an animal) in any way connected with my service for the Friends or the Shelter, Inc. and/or the Salina Animal Shelter, including, but not limited to animal bites, accidents or injuries.

I hereby certify that all entries on this application are true and complete. I understand any falsification of this information may cause forfeiture of my volunteer service with the Friends of the Salina Animal Shelter, Inc.

Signature _____ Date _____

Please print your name _____