

# AWS Volunteer Application

Full Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Age - check one:

Date of birth: \_\_\_\_\_

\_\_\_\_\_ I am 18 or older

\_\_\_\_\_ I am 15 or older. Parental consent and signature required.

\_\_\_\_\_ I am 12 - 14 yrs. I understand I can only volunteer with a parent accompanying me (Parent application required with this application).

Emergency Contact name/phone number \_\_\_\_\_

Relationship \_\_\_\_\_

Medical Insurance Carrier/ID# \_\_\_\_\_

Your Physician's Name \_\_\_\_\_

Your Physician's phone number \_\_\_\_\_

Reference:

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

Relationship: \_\_\_\_\_

Are you interested in volunteering at the AWS Shelter? [Yes] [No]

Are you interested in volunteering at off-site fundraising events? [Yes] [No]

Are you interested in volunteering at off-site Adoption events? [Yes] [No]

Are you interested in caring for our cats residing at our local Petco? [Yes] [No]

Education level \_\_\_\_\_

Are you employed? If so, where? \_\_\_\_\_

Have you volunteered with another animal welfare organization before? If so, where?

\_\_\_\_\_

What experience have you had caring for animals?

\_\_\_\_\_  
\_\_\_\_\_

What specific skills or training would you bring to your volunteer experience?

\_\_\_\_\_  
\_\_\_\_\_

If you are an adult volunteer, do you have any objection to having your name checked thru the local court system? [Yes] [No]

I certify that I have provided the above answers honestly and to the best of my ability. Also, I understand that I am required to attend a **New Volunteer Orientation** prior to my first day volunteering with AWS (if under 18 I will be accompanied by a parent or guardian) -

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

**If under 18 years -**

I certify that my child who is under the age of 18 has my approval and permission to volunteer with AWS and may interact with the dogs, cats, kittens and puppies in the care of AWS.

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

Print Name \_\_\_\_\_

## Waiver of Liability

I, \_\_\_\_\_, as a volunteer service provider or a volunteer's parent or legal guardian or other party interested in volunteering with the Animal Welfare Society of Jefferson County, WV., hereby declare that I shall indemnify and hold harmless the Animal Welfare Society of Jefferson County, WV., it's Board of Directors, Officers, Employees and Contractors from any liability resulting from any illness, injury or other condition resulting from my working or acting in said capacity as a volunteer. I also understand that I am not covered under workers compensation.

I understand that the Animal Welfare Society of Jefferson County, WV. takes steps to ensure my safety while volunteering and I will abide by their rules, regulations and policies when volunteering with them.

I understand that there are a number of risks associated with handling animals - both on-site at their shelter and at off-site events. I am willing to accept those risks.

While the Animal Welfare Society of Jefferson County takes steps necessary to keep animals housed in the shelter in good health and avoid any contagious diseases, The Animal Welfare Society of Jefferson County cannot guarantee the health of any animal since animals are received from many sources and in some cases, the medical condition of the animal received is not known. The Animal Welfare Society of Jefferson County makes no representation to the health of the animals housed in it's shelter and some of these animals may develop contagious diseases such as Parvo.

**Volunteer's Name - Print** \_\_\_\_\_

**Volunteer's Signature** \_\_\_\_\_

**If under 18 years of age Parent or Legal Guardian's Name - Print**

\_\_\_\_\_

**Parent or Legal Guardian's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please complete this form, print, sign and return by e-mail to : [volunteer@awsjc.org](mailto:volunteer@awsjc.org)**