



VOLUNTEER APPLICATION

FAMILY PET ADVOCATES
P.O. BOX 194
TIVERTON, RI 02878
familypetadvocates@gmail.com

NAME: _____ Date of Birth _____

ADDRESS: _____

HOME PHONE # _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

I am Employed Full Time Employed Part Time Not Currently Employed
 Full Time Student Part Time Student

I am volunteering for community service credit (if yes, explain below) Yes No

What are the days/times are you available to volunteer?

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____ I'm willing to fill in as needed: Yes No

Do you have any experience or training in the following areas? (check all that apply):

- Dog Training Grooming Graphic Design
- Fundraising Grant Writing Photography
- Fostering cats Fostering Kittens Fostering Dogs

What type of volunteer work are you interested in doing? (check all that apply)

- Walking Dogs Cat Care Photography Grooming dogs
- Home visits Grant Writing Telephone Calls Clerical
- Transport Fostering Cats Fostering Dogs Fundraising
- Web Research Graphic Design Distributing Pamphlets Cleaning/Organizing
- Processing Applications Pick up/delivery of supplies Other (list below)

Hobbies/Interests/Special Skills _____

Do you currently have dogs? Yes No Do you currently have cats? Yes No

Current Veterinarian: _____ Phone # _____

Previous Veterinarian: _____ Phone # _____

Please list your current animals & those you've had within the past 5 years, even if you no longer have them (surrendered, rehomed or died). Continue on the back of this sheet if necessary.

Type of Animal	Name	Age	Male or Female	Spayed or Neutered?	Vaccines Current?	Do you still have this animal? If not, what happened to him/her?

Are you willing to attend quarterly volunteer training session meetings? Yes No

Have you ever been investigated for or convicted of an animal abuse or neglect related crime? Yes No If yes, please explain: _____

Do you have any restrictions that we should know about to make your volunteering experience as enjoyable as possible? Yes No If yes, please explain below: _____

Please provide two personal references. If possible, please choose someone **not related** to you who is familiar with your history of caring for animals.

Name: _____ Phone #: _____

Email Address: _____

Name: _____ Phone#: _____

Email Address: _____

PLEASE CALL YOUR REFERENCES TO LET THEM KNOW THAT WE WILL BE CALLING

If you do not hear back from our volunteer coordinator within two weeks, please check back in with us. In most cases it means that we have not heard back from your references.

Volunteer Applicant Signature: _____ Date: _____

Family Pet Advocates Rep. Signature: _____ Date: _____

All applicants must be over the age of 18 and sign the attached Volunteer Consent & General Release Form to comply with our insurance policy.



VOLUNTEER CONSENT AND GENERAL RELEASE FORM

I understand that there is potential risk of injury in the handling of animals and other duties performed as a volunteer for Family Pet Advocates. I consent that under the direction of agents and volunteers of Family Pet Advocates, in consideration of their undertaking of supervision of the aforesaid activities and for other good and valuable consideration, receipt whereof is hereby acknowledged, I hereby release and agree to hold harmless and indemnify the said in connection with any manner whatsoever for personal injuries or property damage which may be suffered by the aforementioned person whether or not arising out of negligence or breach of duty by flowing from Family Pet Advocates or its agents or its volunteers.

It is further agreed that there are no collateral or outside agreements of any kind between the parties hereto.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

I give permission for the volunteers of Family Pet Advocates to seek emergency treatment for me, _____, in the case of an emergency.

Signed: _____ Date: _____

Emergency Contact: _____

Relationship to Volunteer: _____

Cell Phone: _____ Home Phone: _____

Address: _____