

VOLUNTEER APPLICATION ANIMAL WELFARE SOCIETY

8 Dodd Road, New Milford, CT 06776 – Tel 860-354-1350

email: awsvolunteercoordinator@gmail.com

All volunteers must complete a Volunteer Application and attend a Volunteer Orientation.

WE REGRET WE ARE UNABLE TO ACCEPT YOUTH VOLUNTEERS UNLESS THEY ARE 18 YEARS OLD OR ENROLLED IN AN AGRISCIENCE PROGRAM.

Please Print Neatly

Name _____ Date _____

MailingAddress _____

City _____ State _____ Zip _____

email _____

Home Phone _____ Cell Phone _____

Emergency Contact (Name, relationship and phone #)

Availability to volunteer – Please check days and indicate times as appropriate:

MON TUES WED THUR FRI SAT SUN

Time(s) Available:

Do you need volunteer hours for Community Service or a School requirement? Yes No

If “Yes” please explain:

How many hours do you need to volunteer? _____

What date do you need the hours completed by? _____

Please check the volunteer jobs you are interested in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Cat Cleaning | <input type="checkbox"/> Dog Cleaning | <input type="checkbox"/> Petco Team |
| <input type="checkbox"/> Cat Grooming | <input type="checkbox"/> Dog Grooming | <input type="checkbox"/> Petco AWS Cat |
| <input type="checkbox"/> Cat Socialization | <input type="checkbox"/> Dog Walking | <input type="checkbox"/> Petco Cat Cage Cleaning |
| <input type="checkbox"/> Collection Boxes | <input type="checkbox"/> Baking for Fundraisers | <input type="checkbox"/> Support Team |
| <input type="checkbox"/> Education | <input type="checkbox"/> Booth at Events | <input type="checkbox"/> Trap/Neuter Publicity |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Thrift Shop Team | <input type="checkbox"/> Gardening |

Other (Describe) _____

AWS VOLUNTEER APPLICATION PAGE 2

Describe any special skills you have:

Describe your experience working with animals:

Do you own pets? Dogs Cats Other Spayed/Neutered

Please list any special needs or conditions (i.e. allergies, physical limitations) that may limit your ability to perform any duties or participate in activities.

Note: Volunteer Applications are reviewed and you will be called in for an interview and orientation. Selection of volunteers is based on the skills and interest of the volunteer, ability to work well with others and ability to demonstrate a commitment to the program and the current needs of the facility. AWS will try to place you in your position of choice but we cannot guarantee a position will be available.

Please read the following and indicate agreement by signing below.

I understand that handling animals and other volunteer activities may place me in situations that could result in injury to my personal property or me. On behalf of my heirs, my personal representatives and myself I hereby release Animal Welfare Society and its directors, officers, employees and agents from any and all claims, course of action and demands of any nature, whether known or unknown, arising out of or in connection with any volunteer activities on behalf of The Animal Welfare Society.

I understand that confidentiality regarding personal information about clients and the outcome of individual situations must be maintained at all times. Any information pertaining to, including but not limited to names, addresses, phone numbers and details of adoptions are confidential and may not be discussed with anyone. Volunteers who break this confidentiality will be asked to leave.

Volunteer Signature / Date

Parent or Guardian (if volunteer is under 18) / Date

By submitting this application via the internet, your email address will serve as your electronic/temporary Signature. You will be required to sign this application in person once approved.

Please Join the Animal Welfare Society Volunteer Facebook Group.