**VOLUNTEER APPLICATION: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete this application form if you are interested in playing a vital role with Hope’s Chest, Inc. by becoming a volunteer. You must be 18 years old to volunteer. If you are underage, you must be accompanied by a parent that is an approved volunteer for Hope’s Chest.

**Basic Information:**

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

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Skill and Experience:** Check all skills that you have moderate to excellent aptitude.   |  |  | | --- | --- | | * Baking * Fundraising * Professional Dog Trainer * Grant Writing * Marketing * Photography | * Events Coordination * Grooming * Public Speaking * Teaching * Writing * Crafting/sewing | |
| If you can work with the animals please indicate the days and times you are usually available to volunteer:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Mon | Tue | Wed | Thu | Fri | Sat | Sun |  | | 9am-Noon: |  |  |  |  |  |  |  |  | | Noon-2pm: |  |  |  |  |  |  |  |  | | 1pm-3pm: |  |  |  |  |  |  |  |  | | 2pm-4pm: |  |  |  |  |  |  |  |  | | 3pm-5pm: |  |  |  |  |  |  |  |  | | 4pm-6pm: |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |

**Volunteer Agreement**  
I understand and agree that submitting this application form does not automatically register me as a Hope’s Chest, Inc. volunteer. There may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, to become an official volunteer.  
  
By submitting this form, I attest that the information I have provided on the above form is true and accurate. As a volunteer, I agree to:   
  
• Give two week notice when I wish to cancel my volunteer service.   
• Not bring visitors to my shift unless given permission in advance by staff.   
• Not bring any personal pets to my shift without prior permission.  
• Attend occasional volunteer meetings and training sessions.  
• Communicate with Dr. Lawrence or other Volunteer Supervisor about any concerns that I have about my volunteer work. I will report *any* injury or unsafe condition I may observe or experience while volunteering.  
• Have a current Tetanus shot. Date of last vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
• Refer all questions regarding the animals to a staff member and follow all safety rules and procedures.  
• Agree that my picture, including video or live broadcast, may be taken during the course of my volunteer work. I give permission to Hope’s Chest, Inc. to utilize any pictures or video taken for use in Hope’s Chest advertising or promotion to the public.  
• Conduct myself in a responsible and professional manner, and to fully represent Hope’s Chest, Inc. policies when interacting with the public and deferring to a staff or board member if I ever encounter questions I cannot answer.  
• Certify that I will keep confidential information about the public, adopters, staff or volunteers I may come to learn in the course of my duties as a volunteer.  
• Acknowledge that there are certain risks working with animals, including but not limited to bites, scratches, zoonotic disease and allergic reactions. I am also aware that there may be risks involving the use of certain cleaning products while performing my volunteer duties. I will observe all Hope’s Chest AND Hope Animal Hospital safety procedures and abide by the strict cleaning protocols.  
• Certify that I am volunteering with Hope’s Chest, Inc. of my own free will and take any risks involved knowingly and by choice. I will not hold Hope’s Chest, Inc., Hope Animal Hospital, and its employees, board of directors or agents, responsible in any way for any injury to myself while performing my volunteer duties with Hope’s Chest.  
• Understand Hope’s Chest, Inc. reserves the right to release me from my volunteer activities at any time.

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Volunteer Signature Date

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

Emergency Contact Name Phone Number

\*\*If underage, a parent must sign a release waiver for the underage volunteer.\*\*