

Volunteer Application

HAPPY TAILS ANIMAL CARE CENTER, INC.

Date: _____

Thank you for your interest in Happy Tails Animal Care Center, Inc. (Happy Tails). We are in need of volunteers to work at the shelter, as well as, assist with special events, projects and off-site adoptions. All accepted volunteers will receive training as necessary. We do have the right to reject a prospective volunteer or terminate a volunteer relationship that is not working out.

PERSONAL INFORMATION (PLEASE PRINT)

FIRST NAME _____ MI _____ LAST NAME _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

HOME PHONE _____ CELL PHONE _____ TEXTING OK: ☐ YES ☐ NO

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

DO YOU LIVE IN: ☐ HOUSE ☐ APARTMENT ☐ WITH FRIENDS ☐ WITH FAMILY ☐ OTHER _____

RESIDENCE: ☐ RENT ☐ OWN ☐ OTHER _____ NUMBER OF YEARS AT CURRENT RESIDENCE: _____

OCCUPATION/FIELD OF WORK _____ NUMBER OF YEARS AT JOB: _____ RETIRED: ☐ YES ☐ NO

BEST WAY TO BE REACHED: ☐ HOME PHONE ☐ CELL PHONE ☐ TEXT ☐ EMAIL (CHECKED REGULARLY)

DAYS & HOURS AVAILABLE (CHECK ALL THAT APPLY): ☐ WEEKDAYS ☐ EVENINGS ☐ WEEKENDS ☐ OTHER _____

<input type="checkbox"/> SUNDAY	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY
<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING
<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON
<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING
<input type="checkbox"/> ANYTIME	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> ANYTIME

HOBBIES AND INTERESTS: _____

CURRENT PET(S): _____

I am interested in the following volunteer opportunities:

- ☐ Volunteering at shelter (We work seven days a week and open 3 days a week (2 days a week in the winter months). Animals are available for adoption on open days. This is an opportunity for direct animal contact.
 - ☐ Clerical (filing, adoption follow-ups, phone calls, etc.)
 - ☐ Animal care and enrichment (clean cages, exercise/play/bathing/TLC)
 - ☐ Shelter maintenance (minor repairs & improvements/landscape improvements, etc.)

☐ Working on a committee(s) and/or special project(s). Ideal for volunteers unavailable during regular hours. Many projects can be done from home during off-hours. Self-starters welcome.

☐ Fundraising (planning, organizing)

☐ Volunteer committee (recruitment, training, scheduling)

☐ Event planning

☐ Special projects/new programs

☐ Community education

☐ Grant writing

☐ Washing & cleaning blankets, etc.

☐ Media (coordinate info & advertise, etc.)

☐ Other volunteer opportunities

☐ In home foster care: ☐ Cats ☐ Kittens ☐ Dogs ☐ Puppies ☐ Other (volunteers needed urgently)

☐ Animal transportation (vet appointments, adoptions, etc.)

☐ Miscellaneous shelter errand (must have own transportation)

☐ Other (please specify): _____

☐ Please ask me about becoming a future board member

Skills, shelter or animal care experience: _____

We welcome your viewpoint. What could you do for our shelter to assist our shelter to assist our management team? _____

Persons under the age of 18 years must be accompanied by a legal guardian that is able to give consent for medical treatment if required, at all times while volunteering.

SIGNATURE OF APPLICANT

DATE

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME

Take your completed application to:

Happy Tails Animal Care Center, Inc.
8954 N. West Shafer Drive
Monticello, IN47960

or mail to:

Happy Tails Animal Care Center, Inc.
PO Box 374
Buffalo, IN 47925

Questions call: 574.278.7102

Member & Volunteer Privacy Policy

HAPPY TAILS ANIMAL CARE CENTER, INC.

This Privacy Policy notice is to protect the corporation, members and volunteers, as well as, all those that are donors of Happy Tails Animal Care Center, Inc. (Happy Tails).

With this notice, I agree not to discuss, sell, exchange, trade, give away or release any business, written or otherwise including: financial records, donor names, donor addresses, donor phone numbers, donor email addresses or any other information of Happy Tails, to anyone while a member or volunteer, as well as, once I have separated my relationship with Happy Tails.

All information will be kept private and confidential unless directed by the Board of Directors.

I also agree not to release any information of any theft of property or animals that might occur at or from Happy Tails, to anyone unless directed to do so by the Board of Directors.

I understand that any animal(s) that may be hurt, sick or abused as a result of me being intentionally negligent, that the animal requires medical attention and Happy Tails incurs a bill for veterinarian services that these, may result in costs that are my responsibility to reimburse to Happy Tails.

I, _____ agree to this Privacy Policy and will uphold all rules and regulations.

SIGNATURE

DATE

PRINT NAME

DIRECTOR OF VOLUNTEERS SIGNATURE

DATE

DIRECTOR OF VOLUNTEERS PRINT NAME

Injury or Incident Waiver

HAPPY TAILS ANIMAL CARE CENTER, INC.

This injury/incident waiver is to protect the corporation, members and volunteers of Happy Tails Animal Care Center, Inc. (Happy Tails).

With this waiver, I will not hold the members of the corporation of Happy Tails liable if there is an incident of personal injury that should take place on the property of Happy Tails. I have my own insurance for any of my personal injury.

By signing this waiver, I waive all my rights for a claim dealing with personal injury at Happy Tails.

SIGNATURE

DATE

PRINT NAME

DIRECTOR OF VOLUNTEERS SIGNATURE

DATE

DIRECTOR OF VOLUNTEERS PRINT NAME

Rules & Regulations

HAPPY TAILS ANIMAL CARE CENTER, INC.

A corporation means as association of individuals, created by law or under authority of law, having a continuous existence independent of the existences of its members, and powers and liabilities distinct from those of its members, or in some, pertaining to a united group.

RULES & REGULATIONS

All volunteers of Happy Tails Animal Care Center, Inc. (Happy Tails) must be registered on paper and have paperwork given to the Director of Volunteers and a copy to the President of the Board of Directors.

Any volunteer terminated or has resigned their position with Happy Tails, terminates their rights to discuss any business, financial or any knowledge of Happy Tails, for 5 years after dismissal or resignation.

I will be accountable for any theft of property or animals as a result of my negligence that occurs during my care and time at Happy Tails.

I agree that any animal that is hurt or abused during my care, as a result of my negligence, I will have to reimburse the cost of veterinarians services to Happy Tails.

All volunteers must be in appropriate attire while representing Happy Tails, including at facility or events.

For violation of the rules, you maybe prosecuted to the fullest extent of the law.

SIGNATURE

DATE

PRINT NAME

WITNESS SIGNATURE

DATE

WITNESS'S NAME PRINTED