



A.D.O.P.T. Volunteer Application

To apply to volunteer at A.D.O.P.T. please complete this form and sign up for a Volunteer Orientation by calling 630-355-2299. Note: A.D.O.P.T. does not accept applications for court-ordered volunteer service or short-term volunteering. The minimum age to volunteer is 18 years old. For more information email adoptvolunteer@gmail.com or visit www.adoptpetshelter.org

Name _____ Note: Must be 18 years old

Street _____ City _____

State _____ Zip _____ Phone _____ Email _____

Current Employer _____ Phone _____ Position _____

Emergency contact name _____ Relationship _____

Emergency phone # _____ Other Phone # _____

Why do you wish to volunteer at A.D.O.P.T.? _____

Describe prior volunteer experience _____

Describe skills you'd like to share with A.D.O.P.T. (such as fundraising, graphic design, marketing, etc) _____

If there are any limitations that would affect your volunteering such as heavy lifting, limited walking, allergies, etc. please email adoptvolunteer@gmail.com or call 630-355-2299 to discuss possible accommodations

Do you currently have pets? _____ Are they spayed or neutered? Yes _____ No _____

How many and what type of pets? _____

How did you hear about A.D.O.P.T.? _____

Are you able to commit to volunteering for 3 months _____ 6 months _____ more than 1 year _____

Volunteer shifts are usually 9 am-noon, 1-4 pm or 6-9 pm every day of the week, 365 days a year. Please indicate the day(s) and hours you are available to volunteer _____

What is your preferred volunteer position? Dogs _____ Cats _____ Receptionist/Office _____

Special events (Walk-A-Thon, etc) _____ Fundraising _____

Transport animals _____ If so please include your Driver's License # _____

Waiver

A.D.O.P.T. is a no-kill organization. However, at times, an animal must be humanely euthanized due to its obvious suffering, or if an animal is so aggressive as to put A.D.O.P.T. staff and volunteers in significant danger. No animal is ever euthanized due to space or time considerations. Can you accept this policy as a volunteer for our organization? Yes, I can. (Please initial) _____
Anything donated on behalf of A.D.O.P.T. becomes the property of A.D.O.P.T. No compensation should be expected.

Signature: _____ Date: _____

Waiver

The undersigned hereby acknowledges that working with animals may be dangerous and lead to serious injury, illness, or even death. The undersigned hereby understands and agrees to personally assume any and all of the liability and risk associated with volunteering for A.D.O.P.T. Further, the undersigned hereby agrees to hold harmless A.D.O.P.T., its directors, officers, agents, employees and volunteers from any responsibility or liability for any and all illness, injuries, or death which may occur as direct or proximate result of the undersigned's involvement in or with A.D.O.P.T.

Signature _____ Date _____

Tetanus Shot Verification

The undersigned states that his/her last Tetanus shot was received within the last five years. Alternately, the undersigned acknowledges that failure to acquire and remain current on a Tetanus vaccination may put the undersigned at risk and hereby agrees to hold harmless A.D.O.P.T., its directors, officers, agents, employees and volunteers from any responsibility or liability for any and all illness, injuries, or death which may occur as direct or proximate result of the undersigned's failure to acquire and/or remain current on the Tetanus vaccine.

Date received (month/year): _____ or attach proof of recent Tetanus shot.

Signature _____ Date _____

Other Information

Name of Reference _____ Phone _____ Known you for _____

Have you been convicted of or plead guilty to a misdemeanor or felony? Yes _____ No _____

If yes, please describe _____

Authorization: I certify that the facts in this application are true, correct and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal from the A.D.O.P.T. Volunteer Program. I authorize A.D.O.P.T. to check and verify all information on this application form. I fully release references, employers and A.D.O.P.T. from any liability resulting from the verification process.

Signature _____ Date _____

For Office Use: _____