



Four Legs Good, Inc. Volunteer Application

Shelter location: 65 Firemen’s Memorial Drive Pomona, New York 10970

E-mail: volunteer@4lg.org

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you 18 years of age or older? _____ If not, how old are you? _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Today’s Date: _____

Why do you want to volunteer at Four Legs Good, Inc.? _____

Do you have any special skills, training, interests or hobbies related to animals? _____

Do you have any allergies or physical condition(s) that might affect your work as a volunteer?

If so, please describe: _____

Availability

Please indicate the times you are available to volunteer (ex. Monday 3-5pm). Or please check all that apply:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____ Sunday: _____ Almost Any Time: _____ Seasonal: _____

Date you can begin training to volunteer: _____

Which **Volunteer Jobs** are you interested in volunteering your time and efforts?

DOGS

Please mark "1" as your first choice, "2" as your second choice, "3" as your third choice, etc.

- _____ Dog Walker at Shelter _____ Dog Handler at **Off-Site** Adoption Events
_____ Attend Dog Training Classes _____ Dog Handler at **Shelter** Adoption Events
_____ *Volunteer at Shelter: Adoption Outreach* _____ *Volunteer at Shelter: With Shelter Dogs*
_____ Help Socialize Dogs in Backyard at Adoption Events

CATS

- _____ Help Socialize Kittens* _____ Cat Handler at **Off-Site** Adoption Events
_____ Help Socialize Adult Cats* _____ Provide Foster Care for Nursing Litters
*Socialization includes keeping animals
_____ hygienic (i.e., clean cages, scoop litter) _____ Provide Foster Care for Recovering Cats
_____ Assist/Support Staff & Senior Volunteers
_____ Provide Foster Care Enclosures (Fenced-in Pens)

RABBITS AND SMALL ANIMALS

- _____ Help Socialize Rabbits* _____ Rabbit Handler at **Off-Site** Adoption Events
_____ Help Socialize Guinea Pigs* _____ Small Animal Handler at **Off-Site** Adoption Events
*Socialization includes keeping animals
_____ Provide Foster Care for Animals in Need of Socialization
_____ Provide Foster Care for Recovering Animals
_____ hygienic (i.e., clean cages, change bedding, etc.)

OTHER

These jobs are very important for the shelter to run smoothly.

- _____ Greeter _____ Shelter Beautification _____ Office** _____ Shelter Assistant
_____ Special Events/Fundraising/Community Outreach

Four Legs Good, Inc. Volunteer Release Form

I, _____ (Full Name)

presently residing at: _____
(Street Address, City, State, Zip Code)

hereby acknowledge the following as pertains to each item listed below:

I have read the Four Legs Good, Inc. Volunteer Manual in its entirety and understand my rights and

1. General Provisions - Initials: _____

I understand that all activities that I perform for Four Legs Good, Inc. will be strictly on a volunteer basis, without pay, compensation or benefits.

I have read Four Legs Good, Inc.'s Policies and Procedures (contained in the Four Legs Good, Inc. Volunteer Manual)

2. Volunteer Policies and Procedures - Initials: _____

I understand my responsibilities as a volunteer for Four Legs Good, Inc..

I agree to comply with all rules and regulations established by the shelter and understand that any failure to do so may result in immediate removal from the volunteer program.

3. Injury and Precautions - Initials: _____

I understand that if I am injured while acting as an unpaid member of the volunteer staff New York State workers' compensation laws do NOT cover any loss of work I might suffer because of these injuries.

I am aware that the nature of the activities that I may be performing as a volunteer pose a risk of harm, injury, illness, or disease to both me and my own pets.

I have read and will follow all recommended health precautions, as set forth in Four Legs Good, Inc.'s Volunteer Manual.

I authorize Four Legs Good, Inc. and its representatives to seek emergency medical care for me in the event of accident, injury, or illness while serving as a volunteer for The Shelter.

4. Confidentiality - Initials: _____

I will keep confidential any and all information in regard to any animals or people who access the services of Four Legs Good, Inc. including past and current owners of animals that are adopted or surrendered to Four Legs Good, Inc.

I agree to abide by all the policies and procedures given me both at my initial volunteer orientation and at any subsequent occasions by any representative of Four Legs Good, Inc.

5. Supervision - Initials: _____

I will take any ideas, comments, suggestions, or criticisms directly to Four Legs Good, Inc.'s Volunteer Coordinator and agree to be supervised by either the Volunteer Coordinator or any other person designated by that person to serve as my direct supervisor.

I am accountable to Four Legs Good, Inc.'s Volunteer Coordinator and will report any problems that develop to that person immediately.

6. Ongoing Training -

Initials: _____

I understand that certain volunteer positions require intensive training as regards to the rights, responsibilities and risks of said position.

I agree to attend all required training or in-service sessions given by both Four Legs Good, Inc.'s staff as well as other experts in the community.

I further understand that if I do not attend such trainings, I will be disqualified as a Four Legs Good, Inc. Volunteer.

I agree that all volunteer activities I choose to participate in are at my own risk and I assume full responsibility for my actions while acting as volunteer for Four Legs Good, Inc.

7. Wavier and Release

I hereby fully and completely release, indemnify, and hold harmless The Shelter/ Four Legs Good, Inc., its directors, officers, volunteers, agents, servants and employees from any claim cause of action or liability of any sort of nature, whether known or unknown, directly arising out of or in connection with my volunteer duties at Four Legs Good, Inc.

Volunteer Signature** Date: _____

Shelter Representative** Date: _____

Waiver for parents of minor volunteers: On behalf of my child, I agree that I will abide by all the rules, regulations, policies, and procedures of Four Legs Good, Inc. Furthermore, on behalf of myself, my child, and all our present and future heirs and assignees, I hereby agree to hold harmless and not bring legal action of any kind arising out of damage, injury, or loss to my property or myself, regardless of the cause, including negligence, to Four Legs Good, Inc. and its employees.

Minor Volunteer's Parent's Signature Date: _____

**** Signatures will be deemed null and void if not signed in the presence of a designated shelter representative of Four Legs Good, Inc..****