

Volunteer Coordinator ONLY
Received _____
Contacted _____
Orientation _____

VOLUNTEER APPLICATION

740 Fuller Ave NE Grand Rapids, MI 49503 (616)632-7300



Please note that volunteers must be at least 18 years old.

Date of Application _____

Name _____ Phone _____

Address _____ City _____ Zip _____

Email address _____

Emergency Contact _____ Phone(s) _____

Which volunteer tasks interest you?

- Cat Enrichment
- Cat Transport
- Cleaning/Laundry
- Dog Walking
- Fostering
- Field Trips
- Sleepovers
- Events
- Other (please describe): _____

What days are you available to volunteer? (check all that apply) Mon Tues Wed Thur Fri

**Please note that weekend shifts (mornings) are filled by long-term volunteers.*

What times are you available? Morning 9:00am-11:00am Afternoon 1:00pm-3:00pm

Afternoon 3:00pm-5:00pm Afternoon 5:00pm-7:00pm

Other (please describe): _____

Are you able to commit to three shifts per month? Yes No

**Note that this is a requirement for animal handling positions.*

Are you covered by health insurance? Yes No

Are you covered by homeowner's or renter's insurance (for fosters/overnights)? Yes No

Why do you want to volunteer at KCAS? And for how long?

What expectations do you have/what do you hope to gain?

Continued on back.

Do you have any previous volunteer experience? If so, what/where?

Please describe the experience you have with animals.

Do you have pets at home? If so, provide names/ages/dogs/cats, etc.

Fosters only: Do you have children in the home? If so, what are their ages?

How do you feel about humane euthanasia?

What are your thoughts on spaying/neutering and pet overpopulation?

Please read carefully and initial each section below.

_____ I understand that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless Kent County Animal Shelter and its directors, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities.

_____ Understanding that public relations are an important part of a volunteer's activities, I hereby grant Kent County Animal Shelter the right to use my name, photograph, video, or other image for marketing, public relations, and/or educational purposes. I grant Kent County Animal Shelter the right to use the name or image described above in print, video, and/or electronic media. I understand that Kent County Animal Shelter retains all rights to use, publish or distribute the name or image described above without seeking any further permission from me or providing me any royalty. I ask that Kent County Animal Shelter use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to Kent County Animal Shelter use or publication of my name or image.

_____ I grant permission for Kent County Animal Shelter to conduct a criminal background check.

Signature _____ **Date** _____

Thank you for your interest in volunteering at the Kent County Animal Shelter!