

**Volunteer Coordinator ONLY**

Received \_\_\_\_\_

Contacted \_\_\_\_\_

Orientation \_\_\_\_\_

# VOLUNTEER APPLICATION

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



Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Are you 18 or older? Yes No

Emergency Contact \_\_\_\_\_ Phone(s) \_\_\_\_\_

Best form of contact? (check all that apply) Phone Email Text Do you use FB? Yes No

Which volunteer tasks interest you?  Cat Cleaning  Cat Transport  Cleaning/Laundry  Dog Walking

Fostering  Field Trips/Overnights  Office Work  Adoption Counseling

Other (please describe): \_\_\_\_\_

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

If other, please describe \_\_\_\_\_

What is your desired shift? Morning 9:00am-11:00am (M-Sun) Afternoon 1:00pm-3:00pm (M-F)

Afternoon 3:00pm-5:00pm (M-F) Afternoon 5:00pm-7:00pm (M-Th)

Other (please describe): \_\_\_\_\_

Are you available for a regularly scheduled shift each week? Yes No *Note that we require at least 2 shifts/month.*

Are you covered by health insurance? 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?

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

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**Please describe the experience you have with animals.**

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

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

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**How do you feel about humane euthanasia?**

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

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- 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, I 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!**