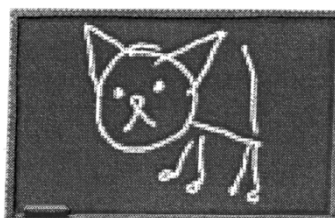


# FURRY FRIENDS

P.O. Box 711  
Brush Prairie, WA 98606  
Fax: 1-800-353-1686  
(360) 993-1097



www.furryfriendswa.org

## Volunteer Application

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthday: (MM/DD) \_\_\_\_\_ Email Address: \_\_\_\_\_ Do you have reliable transportation? \_\_\_\_\_  
Employer: \_\_\_\_\_ Usual Work Hours: \_\_\_\_\_  
Is this for a school project? School: \_\_\_\_\_ Grade: \_\_\_\_\_ Project Due: \_\_\_\_\_  
Area of Interest: \_\_\_\_\_

Please give us three references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

If you are under 18 years of age you must have your parent or guardian's consent to volunteer. (If under 18 what is your age? \_\_\_\_\_) If you are between 12 and 15 years of age a parent or guardian must accompany you.

### Parent or Guardian Permission for Volunteers under Age 18

Furry Friends does not carry insurance to cover me or my child. I understand there is a possibility of health or injury risk to humans and personal pets when caring for rescued animals and I hereby agree to hold Furry Friends harmless from any and all liability, damage or personal injury resulting from volunteer service.

Initials \_\_\_\_\_ Date \_\_\_\_\_

I give permission for Furry Friends volunteers to transport my child when necessary to complete volunteer service.

Initials \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge during my child's volunteer service questions will arise and discussions will occur with volunteers concerning reproduction, spaying and neutering, animal abuse, cruelty and neglect, declawing, and euthanasia of animals and this is acceptable to me. Initials \_\_\_\_\_ Date \_\_\_\_\_

I authorize use of my child's photo in Furry Friends materials. Initials \_\_\_\_\_ Date \_\_\_\_\_

I authorize Furry Friends to print and distribute this contact information to other volunteers.

Initials \_\_\_\_\_ Date \_\_\_\_\_

**WE RECOMMEND ALL SHELTER VOLUNTEERS IN CONTACT WITH ANIMALS HAVE A CURRENT TETANUS VACCINATION**

### OUR AREAS OF GREATEST NEED – PLEASE INITIAL IF INTERESTED – NO EXPERIENCE REQUIRED

**FOSTER CARE** Safe, stress-free, healthy home environment to socialize and love kittens and cats while you prepare them for a forever home. Transport to medical appointments and adoption events. May be required to give medications. \_\_\_\_\_

**SHELTER ASSISTANT** 3 hour shift, must follow house procedures (a healthy, clean facility is critical) must be dependable (the cats rely on you), clean litter pans, wash bedding, sweep, vacuum, feed and water, give

medications, play and socialize cats. **Training is required.** \_\_\_\_\_

**ADOPTION EVENTS** 4 - 8 hour time commitment, transport cats & equipment to local events, be friendly, outgoing, and professional with public and prospective families, must work as a team. \_\_\_\_\_

**THERAPY PETS** 2 hour commitment per visit, Visit selected facilities with your own pet, if vaccinated and passes temperament test, or take one of Furry Friend's approved shelter cats. \_\_\_\_\_

**Other areas of need include, but are not limited to:**

**PHONE VOLUNTEERS** \_\_\_\_\_ **TRANSPORT** \_\_\_\_\_ **SPECIAL EVENTS** \_\_\_\_\_ **FUNDRAISING** \_\_\_\_\_

### PERSONAL HISTORY

What other organization(s) have you volunteered for, and what were your duties?

\_\_\_\_\_

Special skills or experience in these areas I would like to offer (circle all that apply)

Vet Tech   Therapy Pets   Foster Home   Socializing/Grooming   Website maintenance/design   Computer Support/data entry   Admin/Management   Organizer   Event Planner   Fundraising   Grant Writing   Internet Research   Public Speaking   Publications   Marketing   Media   Graphic Arts   Photography   Legal   Shopping  
Working with youth & students   Storage   Van or Truck   Building/Repairing   Handicrafts   Sewing

### AVAILABILITY

Will you make a six-month commitment to our organization? \_\_\_\_\_ Availability Date? \_\_\_\_\_

What hours would you usually be available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Scheduling Concerns? \_\_\_\_\_

Tell us about any physical, medical, psychological limitations or disabilities you have: \_\_\_\_\_

### VOLUNTEERS OVER 18 YEARS OF AGE

The information on this application is correct and accurate to the best of my knowledge. I acknowledge the resources involved in securing and training new volunteers and respect that a six month commitment has been asked for and is offered. I agree to review the volunteer procedures and training manual, attend required volunteer training and to adhere to the organizations' guidelines and principles in all contact with the public.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Volunteer

Accepted by \_\_\_\_\_ Date \_\_\_\_\_  
FURRY FRIENDS Volunteer Member

Comments \_\_\_\_\_