



# Faithful Friends Inc.

No Kill Animal Shelter

*Creating a circle of compassion for pets and people*

FOR OFFICIAL USE ONLY

ID# _____
Fees Paid _____
ID Badge _____

## Volunteer Application

### Section 1: Important Information & Policies – Please read!

**Step 1:** Complete this application! Mail to 12 Germay Drive, Wilmington, DE 19804; fax to 302-427-2855; or bring it with you to your orientation.

**Step 2:** Register for a volunteer orientation session (usually held on Wednesdays at 6pm) by contacting Shannon O’Neill, Director of Volunteer Services at 302-427-8514 x5 or volunteer@faithfulfriends.us

**Step 3:** Pay your annual volunteer membership fee. \$25.00 for adults/students, \$10.00 for seniors 60+, and \$10.00 for additional family members.

**Step 4:** If you want to volunteer in our cat department you will be scheduled for a **Cat Care Training Class**. If you want to volunteer in our dog department, you will be scheduled for a **Dog Handling Class**. You can register for the appropriate training class(es) at the general orientation session.

- **Volunteers under the age of 16 years must be accompanied by a parent/guardian at all times.**
- **Volunteers who are 16 & 17 years of age may volunteer alone, but must have a parental consent on file, and must have a parent/guardian present at orientation & at the Dog Handling Class.**
- **Volunteers must be 16 years old or older to volunteer in the Dog Department – no exceptions.**

### Section 2: Contact Information (please print clearly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternative Number/Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Convicted of a crime? On probation? Or arbitration? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please provide dates and charges of all convictions and any other information about convictions you would like us to consider.* \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does your Organization Participate in Charitable Gift Matching Programs? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Are you pregnant, afraid of, or allergic to animals? Have an immune system deficiency, or any medical needs? Do you have any physical or emotional conditions that might hinder your volunteer service or require us to provide you with extra assistance or supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain:* \_\_\_\_\_

Why do you want to volunteer for Faithful Friends? \_\_\_\_\_

### **Section 3: Your Interests**

Cat Care (Shelter)		Healthy Pet Clinics		Feral Cat Trapping (TNR)	
Cat Care (Pet Stores)		Spay/Neuter Clinics		Fundraising/Development	
Cat Cuddler		Laundry/Dishes		Marketing/Graphic Design	
Dog Care / Dog Exercise		Office Assistant		Pet "Life" Line	
Foster Care (Circle one: Cats/Dogs)		General Cleaning		Pet Therapy Program	
Greeter		Maintenance		Adoption Days	

### **Section 4: Volunteer Release**

I, \_\_\_\_\_, hereby agree to accept a position as a volunteer worker for Faithful Friends Inc. (herein after referred to as FF), and in doing so, I agree to comply with all the rules and regulations established by FF, and I understand that failure to do so may result in my immediate termination as a volunteer. As a volunteer, I agree to do my best to represent FF to the public in an accurate and professional manner.

I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature of behalf of FF, all services to be performed at my own risk.

I recognize that in handling animals and performing other tasks, therein exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless FF, its staff, volunteers, members and Board of Directors from any and all claims, causes of action or demands of any nature of cause, including costs and attorneys fees incurred by FF in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services to FF, including but not limited to animal bites, scratches, accidents or injuries. I also understand that as a volunteer, I am not covered by any worker's compensation policies.

I understand that public relations are an important part of volunteering at FF. On behalf of myself, my heirs, personal representatives, and executors, I hereby allow FF to use any photographs taken of me for use in public relations efforts.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

***To be filled in by parent/guardian if volunteer is under the age of 18:***

My son/daughter, \_\_\_\_\_, has my permission to participate in the Faithful Friends Volunteer Program. I understand that my son/daughter will be expected to abide by the rules and regulations, guidelines and responsibilities of the agency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Section 5: Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_