



# PAL Humane Society

“Be a PAL—PROTECT ANIMAL LIFE”  
20601 Highway 18 Suite 156  
Apple Valley CA 92307  
(760) 240-6848

## ADULTVOLUNTEER APPLICATION

*The Board of Directors and staff of PAL Humane Society thank you for your interest in our volunteer program. Because PAL is a non-profit organization, our volunteer staff is very important to us. We again, wish to thank you for the precious time you are planning to donate to our very special animals.*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

BEST TIME TO CALL: \_\_\_\_\_ MAY WE CALL YOU AT WORK? Yes [ ] No [ ]

PLEASE LIST YOUR AVAILABILITY (specific times you can volunteer):

M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_ S\_\_\_\_\_ SN\_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?

[ ]Friend [ ]Newspaper [ ]Radio [ ]School [ ]Other\_\_\_\_\_

PLEASE SELECT YOUR AREA OF SPECIAL INTEREST. CHECK ALL THAT APPLY:

- |   |  |
|---|--|
| <input type="checkbox"/> EXPLORER PROGRAM               | <input type="checkbox"/> VOLUNTEER PROGRAM       |
| <input type="checkbox"/> COMMUNITY AWARENESS (TABLING)  | <input type="checkbox"/> OFFICE ASSISTANT        |
| <input type="checkbox"/> PICK UP & DELIVERIES (DRIVERS) | <input type="checkbox"/> SENIOR PROGRAM          |
| <input type="checkbox"/> HUMANE EDUCATION (SCHOOLS)     | <input type="checkbox"/> FUNDRAISERS             |
| <input type="checkbox"/> FOSTER CARE (CATS/DOG)         | <input type="checkbox"/> GROOMING                |
| <input type="checkbox"/> ADOPTION COUNSELOR             | <input type="checkbox"/> MISS KITTY'S BARKERY    |
| <input type="checkbox"/> DOG CARETAKER (PAL)            | <input type="checkbox"/> BAKERS FOR MISS KITTY'S |
| <input type="checkbox"/> CAT CARETAKER (PAL)            | <input type="checkbox"/> CLINIC ASSISTANTS       |
| <input type="checkbox"/> DOGGIE DAY-CARE                | <input type="checkbox"/> OTHER                   |

1. Do you have any pets of your own? Yes [ ] No [ ] How many? Dogs [ ] Cats [ ]  
Other [ ] Explain \_\_\_\_\_  
\_\_\_\_\_
2. Why do you wish to volunteer with PAL Humane Society? \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any special hobbies or skills? (e.g. as typing, computer skills, photography,  
art/design) \_\_\_\_\_  
\_\_\_\_\_
4. Volunteer work at PAL Humane Society is not only animal related, it also involves  
constant contact with the general public. How do you feel about talking to people?  
\_\_\_\_\_
5. What type of experience do you have in dealing with the public? \_\_\_\_\_  
\_\_\_\_\_
6. How do you feel about taking directions from others? \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any physical, medical or psychological limitations or disabilities that might  
hinder you from participating in any area of our program? (such as a heart condition, back  
injury, epilepsy, allergies, etc.) Yes [ ] No [ ] If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
8. If employed, please indicate the name and address of your employer: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY NOTIFICATION (Person to call in case of an emergency):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

## **TETANUS VACCINATION**

PAL Humane Society feels it is important for all volunteers to be current on their tetanus vaccination if they will be handling animals as a PAL volunteer. If a volunteer has questions about the tetanus vaccination, he or she is encouraged to consult a physician, at the volunteer's own expense, to decide whether or not to be vaccinated against tetanus.

**I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE. I RELEASE PAL FROM ANY AND ALL RESPONSIBILITY THAT MAY OCCUR BECAUSE OF MY NOT BEING VACCINATED AGAINST TETANUS. I UNDERSTAND THAT WHATEVER DECISION I MAKE REGARDING A TETANUS VACCINATION IS AT MY OWN RISK.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Signature

**STAFF NOTES:**

## GENERAL AND SPECIFIC RELEASE

I agree that:

- 1) I am here of my own volition. My role at PAL Animal Sanctuary "PAL" is a volunteer of a support group and I will look to a staff member for direction when I have completed a task.
- 2) I have read and will obey all safety rules and regulations of PAL in the interest of the safety of the animals, staff, and volunteers. I acknowledge that PAL has the right to revoke volunteer privileges if these rules and regulations are not followed.
- 3) I will be participating in varied activities, which will include constant or intermittent interaction with animals. I understand that in working with said animals there is a risk of, but not limited to, being bitten, kicked, clawed, tripped, or scratched.
- 4) I will disclose any physical or psychological limitations to the staff before participating in any activity. Since I will be interacting with animals, both healthy and sick, big and small, and may also be lifting, carrying, moving, or otherwise engaging in physical labor, I will be respectful of my limitations and inform the staff immediately of those limitations.
- 5) I will not be compensated for my efforts nor am I an agent or contractor of PAL. PAL is a nonprofit corporation qualified under the laws of the State of California. As such, PAL is grateful for the assistance provided by volunteers like me who are willing to perform varied tasks for free. I will refer all visitors or persons seeking to conduct any business at PAL to a staff member.
- 6) I will be legally and financially responsible for, and will indemnify and hold PAL harmless from, my own acts and omissions relating to the service I am voluntarily providing to PAL.
- 7) In exchange for the privilege of participating in the activities at PAL, I agree that neither I nor my family, nor any legal guardian, heir or assignee, will sue or make a claim against PAL or attach the property of PAL for death, injury, or damage resulting from any act or omission, whether the injury or the damage occurs by act of negligence or any other act by human, by physical condition of the property, or by animal. I understand that I am releasing PAL from all claims, demands, or actions that I, my family, my heirs or any legal guardian, assignee or legal representative may have now or may have in the future for any death, injury, or damage resulting from my participation in the activities at PAL.
- 8) I am fully aware that I am assuming any and all risks associated with the activities at PAL. I am fully aware that there are many risks and dangers involved in participation in the activities at PAL, and I agree to accept the consequences of such risks including but not limited to the risk of injury, death, and damage to personal property. If I do not fully understand the risks, I will consult with a staff member immediately. If I do understand the risks associated with my participation, I will verify that I do understand the risks by placing my initials here: \_\_\_\_\_
- 9) Any controversy or claim relating to this Release Agreement will be settled in accordance with the rules of the American Arbitration Association. Judgment of the award as rendered by the Arbitrator may be entered in any court having jurisdiction over the award.
- 10) This release agreement pertains to my current activities as well as to all future activities.
- 11) This Release Agreement will be governed by and interpreted by the laws of the State of California.
- 12) I have read the release agreement and fully understand that I will relinquish all claims of actions known now or in the future against PAL Animal Sanctuary. I am signing this document of my own free will without the influence of PAL Animal Sanctuary.

Name: (Print) \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_