



PAL Humane Society

"Be a PAL—PROTECT ANIMAL LIFE"

20601 Highway 18 Suite 156
Apple Valley CA 92307
(760) 240-6848

JUNIOR VOLUNTEER APPLICATION

(Under 18 Years, Parent Release Required)

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 _____ SUN _____

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

Date

Parent's Signature

STAFF NOTES:

PAL Animal Sanctuary

Permission Form for Parent/Guardian of Minor Child (Under 18 Years)

I, _____ (parent/guardian) request permission from PAL Animal Sanctuary "PAL" to bring _____ (child), onto the premises.

- 1) As the parent/guardian for _____ (child), I acknowledge there are dangers involved in working with animals. These include, but are not limited to, being bitten, kicked, clawed, tripped etc., and may result in severe injury, or even death.
- 2) I agree to relinquish all claims or actions against PAL in the event of injury or death of the child.
- 3) I have read and understand this agreement and am of legal age. I am legally competent and am signing this document of my own free will, devoid of any influence of a PAL staff member.
- 4) This agreement pertains to my child's current activities, as well as to all future activities.
- 5) I acknowledge that if my child is under 15 years old I am required to be present while my child is working, and _____ (child) is to remain under my supervision at all times while on the PAL premises. I agree to keep the child in my control at all times.
- 6) I further agree to obey all safety rules, regulations, and directions of PAL staff. In the interest of the safety of the child, animals, staff, and volunteers, I acknowledge that PAL has the right to revoke volunteer privileges if these rules and regulations are not followed.

Child's Full Name: _____ Age: _____

Child's Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature

Date