



VOLUNTEER APPLICATION

Please print

Date of Application _____ Email address (required) _____

First name _____ Last name _____

Phone (for scheduling purposes) _____ cell _____

Address _____ City/State/Zip _____

PLEASE NOTE: EFFECTIVE JUNE 1, 2011 ALL VOLUNTEERS MUST BE 16 YEARS OR OLDER, IF UNDER 16 MUST BE ACCOMPANIED BY THEIR PARENT, AND HAVE ATTENDED ORIENTATION PRIOR TO PERFORMING DUTIES ONSIGHT. YOU MUST ALSO BE WILLING TO COMMIT TO TRAINING AS REQUIRED

STOP! Before you go further, please read thoroughly and initial below that you understand and will be able to abide by our rules and regulations for the safety and well-being of the animals you will be responsible for while volunteering. Because we are a non-profit, volunteer based organization, it is imperative that individuals take these responsibilities seriously. You must be reliable and dependable to show up on time and in a consistent manner. The animal's feeding, exercise, stimulation, and bonding experiences depend on it! If you feel you will not be able to commit to the rigid schedule and continued training provided, you need go no farther on this form. If you do, however, feel you will be able to conduct your volunteering responsibilities as if you were a paid employee, please continue completing the form below.

I do understand the responsibility being placed upon me as a volunteer and do agree to conduct myself as outlined and required at GGoH, Inc. _____ **(Initial here please.)**

PERSONAL INFORMATION (CIRCLE AS APPROPRIATE) Gender: M F

Physical Limitations? Yes/No If yes, please explain: _____

Current Work/Occupation _____

Community Relations or Team Building Volunteer? Y N If yes, what agency affiliation? _____

List any previous volunteering experience _____

List any skills and/or training you may have related to animal care _____

Volunteer ability (circle any that apply): Number of days per week: **1, 2, 3, 4, 5, 6, 7**

| | | | | | | |
|---------------|-------------------|------------------|-----------------|---------------|--------------------|---------------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Hours: | 9am-12Noon | | 4pm-8pm | | Other _____ | |

Transportation: How do you plan to get to our assignment? (circle any that may apply)

Public Transport Bus/Van Taxi/Car Service My own vehicle Dependent on others

In an emergency, notify First Name _____ Last Name _____ Phone# _____

Address _____ City/State/Zip _____

All GGoH, Inc., volunteers hereby agree to serve any animal who is assigned to our rescue program, provided you have the proper training, skills and ability to work with the particular animal in need.

Signature of Volunteer _____ Date _____

Signature of GGoH Staff _____ Date _____

GGoH/MSK Personnel Only _____ Date Application received _____

Reviewed by (GGoH Staff Member) _____ Date _____

GGoH Staff Member contacted applicant on (date) _____

Orientation Scheduled for _____ Orientation Completed on _____

GGoH Waiver Read and Signed by Volunteer and in file Yes No

Mally's Sunshine Kennels Waiver Read and Signed by Volunteer and on file Yes No

I, _____, hereby understand and agree that Gregory's Gift of Hope, Inc., makes no representations or warranties [expressed or implied] about any of the rescued animal's temperament and is absolved from any liabilities for damages or injuries to oneself while volunteering with the said program. I further understand there is always a chance of possible injury or damage to oneself when working with the canine and feline population. I acknowledge my exposure to these risks.

Date

Signature of volunteer (MUST BE 18 YRS OF AGE OR OLDER)

Date

Signature of GGoH Staff/Mally's Sunshine Kennel Staff

Miscellaneous Comments:

