



Gregory's Gift of Hope, Inc. – Volunteer Application

Please print

Date of Application _____

First Name Last Name
Address City/State/Zip.
Telephone Email Address.....
Date of Birth

**If under 18 years of Age who will be accompanying you while you are volunteering?

Personal Information (please circle correct response):

Gender: Male Female

Physical Limitations: No ____ Yes (Please Explain) _____

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School
Technical/Vocational

Current work/occupation **Most recent employer (optional)**

Community Service Related Volunteering? If so, Agency Monitoring

Contact Person/Number _____

List previous volunteer experience

.....

.....

.....

.....

Skills (List any skills and/or training you may have related to animal care)

1.....

2.....

3.....

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: 9AM -12Noon _____ 4PM – 8PM _____ OTHER_____

Transportation: (How you will get to your assignment)

Public Trans. Walk Bus/Van Taxi/Car Svc Car

In an emergency, notify:

First Name..... Last Name.....

Address.....

City/State/Zip..... Telephone.....

All GGOH, Inc. volunteers hereby agree to serve any animal who is assigned to our rescue program.

..... Date.....
(Signature/Volunteer)

..... Date.....
(Signature/GGOH Staff)

GGOH/MSK Personnel Only:

Date Application received_____

Reviewed By(GGOH STAFF)_____

GGOH Staff contacted applicant on (date)_____

Orientation Completed(Date)_____

GGOH Waiver Read and Signed Yes____ No____

Mally's Sunshine Kennels Waiver Read and Signed Yes____ No____

NoteParents/Guardians must Read and Sign for their children under 18 years of Age.**

I, _____, hereby understand and agree that Gregory's Gift of Hope makes no representations or warranties, expressed or implied about any of our rescued animals temperaments 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 damages to oneself when working with the canine and feline population and acknowledge my exposure to these risks.

Date_____

(Signature/volunteer)

Date_____

(Signature of Parent/Legal Guardian if under 18 years of age)

Date_____

(Signature/GGOH Staff)