

Date: _____



The Little Angels Project VOLUNTEER APPLICATION

Please read through the volunteer manual. If after reading the manual you wish to volunteer at the Animal Shelter complete this form and leave it at the front desk **or email it to sarah@littleangelsproject.org**. All new volunteers must attend a volunteer information session and complete a training program based on the area in which you will be working.

Name: _____ Address: _____
Daytime Phone: _____ Evening Phone: _____
email: _____ Birthdate: _____

Do you have pets? yes no If Yes, how many and what type? _____
Have you ever worked as a Volunteer before? yes no
If yes, list for what organizations, a description of the work completed and for how long.

Approximately how much time do you feel that you can contribute to the **The Little Angels Project** each week and what would you like to do?

Check One:

- I am 18 or older
- I am 15 or older. Parental consent and signature required.
- I am 14 or younger. Parental consent and signature required. I understand I can only volunteer with a parent accompanying me.

(Parent application required at time this application is submitted)

Emergency Contact:

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Home Address: _____

I have read and understand the volunteer manual and understand that I am required to comply with the Volunteer Manual, Animal Shelter General Practices and Standard Operating Procedures and Guidelines for Responsible Adoptions that I was given to read as a prerequisite to submitting an application with the Shelter. I understand that I am required to report animal character traits to shelter staff as there are many compelling and obvious reasons why this information is important to shelter staff and perspective adoptive owners. I further understand that I am expected to maintain confidentiality to the events at the Shelter including but not limited to animal surrenders, redemptions, euthanasia decisions, discipline, etc. Failure on my part to comply with such policies and procedures and confidentiality may result in me being removed from volunteer service.

Signature

Date

Parent Signature and Consent (if volunteer is under the age of 18):

Parent Signature

Date

Waiver and Release

I, the undersigned, agree to forever release, waive, acquit, discharge and covenant to hold harmless the Little Angels Project, Veterinary Angels Medical Center, it's successors, officers, servants, agents, employees and volunteers from any and all claims, actions, causes of action, demands, losses, damages, liabilities, loss of services, expenses and compensation, on account of or in any way growing out of any and all known and unknown personal injuries or property damage which the undersigned may have now or hereafter resulting to or to result from the undersigned performing services for the Napa County Animal Shelter, it's officers, directors, employees or volunteers.

I recognize that there are risks inherent in handling animals and while performing other services for **The Little Angels Project**. Nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the agencies or persons mentioned, whether caused directly or indirectly by any negligence (active or passive) attributable to the **Little Angels Project, Veterinary Angels Medical Center**, it's officers, directors, employees or volunteers.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

WITNESSED this _____ day of _____ 20__

Printed Name

Signature

Witness (print name and sign)

Witness (print name and sign)