

For Paws Hospice

Volunteer Application - Adult

OFFICE USE ONLY
Interview date: _____ by _____
Orientation date: _____
Start date: _____

An animal's eyes have the power to speak a great language - Martin Buber

Thank you for your interest in volunteering at For Paws Hospice. Please complete the application below. **Please Print.**

Personal Information:

Date: _____

First Name Last Name Birth Date (Month/Day)

Street Address City State Zip

Home # Work # Cell #

Preferred Phone Contact: Home Work Cell

Email (Please print) : _____

Employer Occupation

How did you hear about Hospice? _____

Please indicate the days and times you are available to volunteer:

Monday _____ Saturday _____
Tuesday _____ Sunday _____
Wednesday _____ Anytime _____
Thursday _____ Events only _____
Friday _____

Animals of Interest: Cats Dogs Others (rabbits, birds, reptiles, horses, etc.): _____

Skills you possess:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adoptions | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office/Computers |
| <input type="checkbox"/> Animal Medical Care | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Behavior Training: Cats | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Public Education |
| <input type="checkbox"/> Behavior Training: Dogs | <input type="checkbox"/> Negotiating | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Computer Hardware/Software | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Rescue/Disaster Response |
| <input type="checkbox"/> Events | <input type="checkbox"/> Sales/Promotion | <input type="checkbox"/> Compassionate Visits |
| | | <input type="checkbox"/> Counseling |
- Other: _____
 Second Language: _____ Spoken Read

HOSPICE VOLUNTEER OPPORTUNITIES:

_____ **Non-Emergency Transport Drivers**

Pick up and transport clients with pets to and from veterinary appointments.
Must possess valid drivers license and have a clean driving record with proof of insurance.
Reliable vehicle required

_____ **Dog Walkers**

Walk dogs and assist in socialization and basic obedience training

_____ **Donation Banks**

Assist in fundraising and public relations by placing donation banks with local businesses,
then maintaining weekly pick-up of funds raised

_____ **Events/Fundraising**

Assist in pre-event planning, set-up and take-down on day of event, customer service
during event, animal maintenance

_____ **Food Bank**

Collect and deliver pet food to citizens in need, allowing them to feed their animal companions
without sacrificing their own personal nutrition or having to give up ownership of their pets

_____ **Office/Computers**

Assist in day-to-day office operations: greet visitors, answer telephones, file, data entry,
research, adoption paperwork

_____ **Public Education**

Facilitate presentations for schools, community organizations and Hospice events

_____ **Write your own volunteer job description; what would you like to do? _____**

ADVANCED OPPORTUNITIES: These opportunities are available only to volunteers with previous Experience

_____ **Care Coordinator**

Schedule veterinary appointments with affiliated doctors' offices and veterinary medical facilities,
arrange transportation if required and maintain communications between medical personnel and
Hospice clients

_____ **Community Outreach Director**

Initiate relationships with community groups, professional associations, public interest groups and
local government and work toward mutually supportive enterprises

_____ **Director of Volunteers**

Using networking events and community outreach opportunities recruit Hospice Volunteers, establish
training/orientation and volunteer scheduling

_____ **Events Coordinator**

Schedule and attend community events representing Hospice

_____ **Grants writer**

Research and write grant applications for local, state, federal and private granting agencies

_____ **Internet Manager**

Build Hospice brand through management of online resources including SQL, social networking, blog-
ging, merchandising and multimedia

_____ **Membership Coordinator**

Initiate membership enrollment strategy and maintain all communications between Hospice and
Membership, produce monthly newsletter

_____ **Public Information Officer**

Establish public relations base utilizing local and national media outlets, write Public Information
notices, submit press releases and respond to information requests from media

Reasons for wanting to volunteer at For Paws Hospice: _____

Previous volunteer experience: _____

Allergies, physical disabilities which may limit your participation: _____

Tasks you would prefer not handling: _____

Breeds and number of pets you currently own: _____

Animal experience other than pet ownership: _____

Please read the following information closely. It is intended to make your experience at For Paws Hospice an informed, safe and enjoyable one.

1. Animal Bites and/or Scratches

I understand that I must immediately report all bites and/or scratches to the designated person in charge.

2. Rabies

The risk of coming into contact with a rabid animal is extremely rare, however possible.

If I have any questions or concerns, I agree to speak to the Volunteer Coordinator or Executive Director prior to volunteering. I understand that pre-exposure rabies shots are available but Not required. I also understand that the pre-exposure vaccine does not prevent rabies; it merely reduces the number of injections required after contact with a rabid animal

3. Terms and Conditions of Volunteering

- a. I fully understand and agree to provide my services to Hospice without express or implied promise of salary, compensation, employment type benefits including but not limited to employment insurance programs, worker's compensation accrual in any form, vacations or sick time.
- b. I fully understand that Hospice encounters animals in the pursuit of its stated mission; the disposition of these animals is not always known to Hospice. I agree to hold Hospice harmless for any injury(s) that I may incur, including but not limited to, animal bites and/or scratches that I may sustain from handling animals during the course of my volunteer duties.
- c. I fully understand and agree to assume all risks involved in any and all duties that I perform for Hospice in my volunteer capacity. Such duties might include, but are not limited to, animal handling, travel, staff assistance and other foreseeable volunteer duties. I also agree to follow the policies and procedures of For Paws Hospice.
- d. I fully understand that Hospice expects a high standard of moral and ethical conduct from volunteers in their relations with our human clients and their companion animals. I agree to adhere strictly to these standards in my volunteer capacity while at or representing Hospice.
- e. By signing on as a volunteer with Hospice, I state that I have completed the interview and training process I have given.

4. Tetanus: For Paws Hospice recommends that you have a Tetanus shot before you begin volunteering.

If you have an up-to-date tetanus shot, please provide Hospice with proof of vaccination.

Date of last shot: _____

Tetanus Vaccination Agreement

I _____ do hereby acknowledge that For Paws Hospice has recommended that all volunteers receive a tetanus shot prior to volunteering. Booster shots are recommended every ten (10) years in order to be effective.

If I choose not to receive the vaccine prior to volunteering, I agree to the following: **(Read and Initial)**

- _____ • If I am injured in any way including but not limited to any open wound while volunteering for Hospice, I agree to seek immediate medical attention and receive a tetanus shot at that time along with any other treatment that is recommended by a medical provider.
- _____ • I acknowledge that I am aware of the dangers of contracting Tetanus and that Tetanus is completely preventable by immunization. Immunization is considered to provide protection for ten (10) years.
- _____ • I am aware that the symptoms include spasms and tightening of the jaw muscles (hence the name lockjaw), stiffening of the neck and other muscles, spasms and rigidity of the back muscles, often causing arching, titanic seizures (painful powerful bursts of muscle contraction), irritability and fever. Other symptoms include excessive sweating, difficulty swallowing, hand and foot spasms, uncontrolled urination and defecation.
- _____ • I am aware that complications of Tetanus are: airway obstruction, respiratory arrest, heart failure, pneumonia, vertebral fractures and death.

Signature _____ Date: ____/____/____

Do you agree to provide a minimum 24 hour notice to For Paws Hospice if you are unable to come in during a scheduled volunteer day? Yes No

Do you agree to abide by the dress code as stated below? Yes No

"A volunteer is considered a representative of For Paws Hospice and as such, must always present oneself in proper attire which includes the following: non-revealing clothing, closed-toed shoes and a For Paws Hospice volunteer shirt."

I fully understand and acknowledge that services are to be performed subject to all the rules and regulations of Hospice, that violations of said rules and regulations shall be cause for immediate dismissal of all services. _____ (initial)

Are you 18 years of age or older? Yes No

Emergency Contact

Phone

Volunteer Applicant Signature

Date

For Paws Hospice Rep. Signature

Date