



New Volunteer Application

Email completed form to welcome2k9strayrescue@yahoo.com

*All correspondence regarding this application will be via this email address.
Please, check your email & spam folder regularly.*

Are you a court mandated volunteer? _____yes _____no (If yes, do not complete this form.)
If so, please send an email to welcome2k9strayrescue@yahoo.com, Attn: Volunteer Coordinator

*First Name: _____ *M: _____ *Last Name: _____ Date: _____
*Email: _____ *Birthdate: _____
Address: _____ City: _____ Zip: _____
Cell Phone: _____ Other Phone: _____
MI driver's license #: _____ Occupation: _____
Name of Emergency Contact: _____
Relationship: _____ Phone number: _____

Are you a student fulfilling NHS or Leadership hours? _____yes _____no
If so, school name? _____

Are you 16 years or older? _____yes _____no

Parent signature required if between 16-18 years old:

Parent signature: _____

Is there any pertinent health information K9SRL should know that might affect your work as a volunteer? If so, please describe: _____

Do you have a current Tetanus shot: _____yes _____no _____N/A (It is recommended.)

OPEN HOURS: Please, check the box(es) you are available to volunteer:

Sunday 10 a.m.-1 p.m.	Monday 1-4 p.m.	Thursday 1-4 p.m.	Friday 2-5 p.m.	Saturday Noon-4 p.m.

Please check any areas below in which you would like to volunteer?

<input type="checkbox"/> Dog walking & bathing	<input type="checkbox"/> Enrichment/training dogs
<input type="checkbox"/> Fundraising & marketing	<input type="checkbox"/> Off-site adoption/promotion/transportation
<input type="checkbox"/> Fostering	<input type="checkbox"/> Assist leads during open kennel hours
<input type="checkbox"/> Kennel maintenance	<input type="checkbox"/> Other: _____

Do you have expertise in the following areas: medical, dog training, fund-raising, grant writing, grooming, or professional animal-related experience? _____

Have you applied to or volunteered with K9SRL in the past? _____

Have you previously volunteered at an animal shelter? If yes, where and what duties did you perform? Why didn't you continue volunteering with them? _____

Please, read, initial, and sign the following:

- ☐ I consent for K9SRL to do a background check on me.
- ☐ I understand this application does not guarantee acceptance to the K9SRL volunteer program.
- ☐ I am capable of physically, mentally, and emotionally working independently with limited supervision.
- ☐ I authorize K9SRL to contact emergency services to ensure my health and safety, and I accept responsibility for payment of medical services rendered.
- ☐ I agree to abide by the volunteer policies and procedures of K9SRL.

Signature 18 years and older: _____

Signature between 16-18 years: _____ (Must also have parent signature above)

Office use only:

Attended orientation _____

Completed shadowing _____

Signed Volunteer Contract _____

Completed hold harmless _____

Background check completed _____