

VOLUNTEER APPLICATION

Lighthouse Animal Shelter
596 Hathaway Road, New Bedford, MA 02740
508-999-7387 -- lighthouseanimalshelter@gmail.com

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____

Cell Phone: _____



Email Address: _____ I am Yes
volunteering No
for community
service:

If yes, please explain below:

I am: Employed Full Time Employed Part Time Currently Unemployed
 Full Time Student Part Time Student

What days/times are you available to volunteer?

Monday	Tuesday	Wednesday		
Thursday	Friday	Saturday		
Sunday	I am able to commit to at least 2 hours per week (on average):	Yes	No	

Do you have experience or training in the following areas? Check all that apply.

<input type="checkbox"/> Dog Training	<input type="checkbox"/> Grooming	<input type="checkbox"/> Vet. Assistance
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Kennel Assistance
<input type="checkbox"/> Fostering Cats	<input type="checkbox"/> Fostering Dogs	<input type="checkbox"/> Transport

What type of volunteer work are you interested in doing? Check all that apply.

<input type="checkbox"/> Dog Care	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Veterinary Assistance	<input type="checkbox"/> Clerical
<input type="checkbox"/> Cat Care	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Phone Calls	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Transport	<input type="checkbox"/> Fostering Cats	<input type="checkbox"/> Fostering Dogs	<input type="checkbox"/> Advertising
<input type="checkbox"/> Home Visits	<input type="checkbox"/> Adoption Events	<input type="checkbox"/> Yardwork	
<input type="checkbox"/> Processing Adoption Applications	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Other: _____	

How did you hear about the Lighthouse Animal Shelter, and why do you want to volunteer for us?

What are your hobbies/interests/special skills?

Please list all the animals you've had in the last 5 years, including their names.

Please list your veterinarian's name and number below.

Are all of your animals up to date on
required immunizations?

Yes
No

Please note below and explain if you have ever been convicted of an animal abuse or neglect related crime.

Do you have any restrictions that we should know about that would affect your ability to volunteer here? If so, explain below.

Please provide two personal references below, who are not related to you and are familiar with your history of caring for animals:

Name: Phone Number: Email: Relation:

Name: Phone Number: Email: Relation:

Volunteer Applicant Signature: Date:

Lighthouse Animal Shelter Representative Signature: Date:

All applicants must be over the age of 18 and sign the attached Volunteer Consent & General Release Form to comply with our insurance policy. Thank you.

VOLUNTEER CONSENT AND GENERAL RELEASE FORM

I understand that there is potential risk of injury in the handling of animals and other duties performed as a volunteer at Lighthouse Animal Shelter. I consent that under the direction of agents and volunteers of Lighthouse Animal Shelter, in consideration of their undertaking of supervision of the aforesaid activities and for other good and valuable consideration, receipt whereof is hereby acknowledged, I hereby release and agree to hold harmless and indemnify the said in connection with any manner whatsoever for personal injuries or property damage which may be suffered by the aforementioned person whether or not arising out of negligence or breach of duty by flowing from the The Lighthouse Animal Shelter, New Bedford, Massachusetts, or its agents or its volunteers.

It is further agreed that there are no collateral or outside agreements of any kind between the parties hereto.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

I give permission for the volunteers of Lighthouse Animal Shelter to seek emergency treatment for me, _____, in the case of an emergency.

Signed: _____ Date: _____

Emergency Contact: _____ Relationship to Volunteer _____

Home Phone: _____ Cell Phone: _____

Address: _____

