

Date Received:

Mail to: 5335 SW 42nd Ave Portland, OR 97221
 FAX to: 503-296-4957

How can we reach you?		
Name	Home Phone	Work Phone (if we may contact you there)
Street Address (include Apt #)	Home Email	Work Email (if we may contact you there)
	Cell Phone	Other
City, State Zip Code	Employer	

Tell us about your decision to volunteer
When are you available to work?
Are you volunteering as part of community service commitment? If yes, by what date must your commitment be completed?

What type of activity interests you?		
<i>Please check all that apply</i>		
Work Directly with the Animals	Help with Organizational Activities	Help with Shelter Maintenance
All Ages Welcome *		
<input type="checkbox"/> Grooming, socializing cats (11:00 am – 4:00 pm M-F) <input type="checkbox"/> Caretaker* (cleaning animal areas, feeding) (complete by 11:00 am or 4-6:00 pm daily) * Workers under 14 must be accompanied by an adult	<input type="checkbox"/> Special Projects Crews** – work at interesting events to earn funds for Animal Aid; example: canine agility ring crew (Sat-Sun) <input type="checkbox"/> Help at an Outreach Event <input type="checkbox"/> Document collating, folding, labeling ** Some age restrictions may apply.	<input type="checkbox"/> Laundry (9:00 am – 5:00 pm M-F) <input type="checkbox"/> Gardening/grounds maintenance <input type="checkbox"/> Cleaning offices, kitchen, public areas (completed by 10:30 am or 4-6:00 pm daily)
Adults Only, except by special arrangement		
<input type="checkbox"/> Medicating animals (9-11:00 am or 4-6:00 pm daily) <input type="checkbox"/> Transporting pets in crates to/from Vet or Outreach events (as needed) <input type="checkbox"/> Foster home for Cats*** (special needs and kittens) <input type="checkbox"/> Foster home for Dogs*** (all dogs are in foster care) <input type="checkbox"/> Adoption Counselor (approx. two month training required) Responsibilities may include response to inquiries – for both relinquishment and adoption of animals – intake, public education, foster and adoption screening and home visits.	<input type="checkbox"/> Assist with administrative duties (9:00 am – 6:00 pm M-F) <input type="checkbox"/> Fundraising (experience preferred) <input type="checkbox"/> Event Coordination/Management <input type="checkbox"/> Public Presentations / Education (M-F) <input type="checkbox"/> Staff an Animal Aid booth at an event (Sat-Sun) <input type="checkbox"/> Distributing flyers to Vet Clinics, pet stores <input type="checkbox"/> Assist with newsletter: writing and production (quarterly)	<input type="checkbox"/> Facilities maintenance/repair <input type="checkbox"/> Other: *** Requires an additional form

Do you have experience in other useful areas?	<i>Please check all that apply</i>	
<input type="checkbox"/> Financial or Accounting <input type="checkbox"/> Marketing <input type="checkbox"/> Personnel training <input type="checkbox"/> Public Speaking <input type="checkbox"/> Grant request writing	<input type="checkbox"/> Graphic Arts <input type="checkbox"/> Video production <input type="checkbox"/> Computer or network support <input type="checkbox"/> Data entry or word processing <input type="checkbox"/> Document layout, desktop publishing experience using MS Office Suite	<input type="checkbox"/> Grooming <input type="checkbox"/> Vet Tech <input type="checkbox"/> Animal Training <input type="checkbox"/> Other:

Do you have additional resources to share?	<i>Please check all that apply</i>	
<input type="checkbox"/> Access to the Internet <input type="checkbox"/> Personal transportation <input type="checkbox"/> A utility vehicle (van or truck)	<input type="checkbox"/> Digital Camera <input type="checkbox"/> Digital Video Camera <input type="checkbox"/> A secure, dry storage area	<input type="checkbox"/> A facility suitable for a class or workshop <input type="checkbox"/> Other:

Date Received:

Applicant: Name:

Have you volunteered for other organizations?		
Organization Name	Date(s)	Responsibilities

Tell us about your current pets					How did you acquire this pet?			
Species	Breed	Name	Age	Sex		Neutered/Spayed?	Yes	No
						Vaccinations up to date?	Yes	No
						Licensed?	N/A	Yes No
						Neutered/Spayed?	Yes	No
						Vaccinations up to date?	Yes	No
						Licensed?	N/A	Yes No
						Neutered/Spayed?	Yes	No
						Vaccinations up to date?	Yes	No
						Licensed?	N/A	Yes No

Have you had experience with other kinds of animals?
If yes, please describe:

Who handles your pets' medical needs?		
Veterinarian	Clinic / Address	Contact Phone

Are any of your pets currently under treatment / taking medications? Yes No
If yes, please describe:

Insurance and Liability

Approved volunteers in good standing may be protected under the "Directors and Officers" liability policy held by AAI. Such coverage may only exist while volunteering on behalf of AAI and under the direction of AAI staff or another authorized volunteer. Volunteers are expected to understand the inherent risks of volunteering with AAI. Further, volunteers hereby waive any claims against, indemnify, and hold harmless AAI, Inc., its respective officers, directors, employees, sponsors, representatives and volunteers from any and all liability, including attorney fees, which may result from illness, personal injury, property damage, or wrongdoing resulting from involvement with AAI's volunteer program.

Initials / Date _____

I understand the goals and mission of Animal Aid, Inc. As an Animal Aid volunteer, I agree to work toward these goals and to represent this mission in my contact with the community on behalf of the organization.

Initials / Date _____

I understand that when I represent Animal Aid, or deal with people who think I am speaking on Animal Aid's behalf, if I express **my own opinions** I need to either include the disclaimer: "The opinions expressed are my own and do not reflect the opinions or policies of Animal Aid Inc., Portland, Oregon", or otherwise make this point clear.

Initials / Date _____

Optional: I authorize the use of my photograph in Animal Aid promotional materials

Initials / Date _____

I attest that the above information is accurate and give Animal Aid, Inc. permission to verify any of the above.

Signed _____ Birth date of applicant, if under 21: _____ Date _____

If under 18, parent or guardian signature of approval is required:

I understand that if my child is 14 or younger I will need to attend the first volunteer session; and that if my child is 12 or younger, I must provide responsible supervision during all volunteer activity unless specifically informed otherwise by the Animal Aid staff.

Signed _____ Printed Name: _____ Date _____