



The Lucky Ones Come to US!

780 Chief Justice Cushing Highway
 Scituate, MA 02066
 Phone: (781) 544-4533
 Fax: (781) 544-4535

Friends of the Scituate Animal Shelter Volunteer Application

Volunteer Information

Name:		Date of Birth:	
Home #:	Work #:	Cell #:	
Street Address:			
City:	State:	ZIP:	E-mail:

Employment Information

Place of Employment:		
Position:	E-mail:	How long:

Emergency Contact

In an emergency, please notify: Name:			
Address:			
City:	State:	ZIP:	Phone:
Physician:		Phone:	

References

Name:	Address:	Phone:

Questions

Do you have any allergies or physical conditions that might affect your volunteer work?
 If so, please describe.

***** Volunteers must be able to lift approximately 25-50lbs in weight, be able to stand un-aided for up to 2 hours, be able to bend over and work on floor level cages. Dog walkers must be able to handle dogs up to 100lbs in weight and be able to walk 2-3 miles un-aided in order to be considered. *****

PLEASE INITIAL THAT YOU UNDERSTAND AND CAN MANAGE THIS

Have you adopted an animal from the Scituate Animal Shelter?

If so, who and when did you adopt?

Are you a member of any other animal welfare organizations?

If yes, how do you participate?

Why do you want to volunteer at the Scituate Animal Shelter?

If you are here to do community service (school, court , etc.), please indicate the following:

Is your community service court mandated?

Yes No



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How did you hear about volunteer opportunities at the Scituate Animal Shelter?

Skills and Experience

Have you had any formal education in pet care or animal welfare?

If so, please describe:

Have you done any other volunteer work?

If so, please describe.

Areas of Interest

What types of volunteer work interests you?

****Volunteers must be at least 18 to work with cats and 21 to work with dogs****

Please check all that apply. Mark your **first** choice with "X".

- Cat Care
- Dog Care
- Foster Care
- Yard Work
- Drivers
- Administrative Work (mothers hours)
- Other:

Availability (Please check all that apply.)

Weekdays:	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 - 10:00 AM					
3:00 - 5:00 PM					

Weekends	Saturday	Sunday	Any additional comments:
8:00 - 10:00 AM			
3:00 - 5:00 PM			

Signatures

Signature of Applicant:	Date:
Signature of parent or guardian if under 21*:	Date:

Shelter Review

Received by:	Date:
Reviewed by:	Date:

Please bring the signed Application and Agreement to the Scituate Animal Shelter during our public hours: Tuesday & Wednesday 3-5pm, Thursday 3-7pm, Friday 12-3 PM and Saturday 10 - 3 PM.

You can also mail your completed and signed Application and Agreement to: The Scituate Animal Shelter, ATTN Volunteer Coordinators, 780 Chief Justice Cushing Highway, Scituate, MA 02066

The Scituate Animal Shelter Volunteer Coordinators will contact you within the next 2-3 weeks to schedule an orientation. Thank you!



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Friends of the Scituate Animal Shelter Volunteer Agreement

In consideration of this opportunity to volunteer at the Scituate Animal Shelter, I, _____, agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide by the mission, rules, regulations, policies and programs of the Scituate Animal Shelter while I am a volunteer.
2. I agree to be supervised by the Scituate Animal Shelter Director or designee and will work as a team member with all volunteers.
3. I agree to work a minimum of three months unless I am terminated from the program. If I am unable to fulfill my regularly scheduled hours, I will provide 24 hour advance notice to the Volunteer Coordinators and arrange for rescheduling.
4. I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs, and puppies in connection with my volunteer work for the Scituate Animal Shelter. Neither the Town of Scituate nor the Friends of the Scituate is liable to me for any injuries, damages, liabilities, losses, judgments, costs, or expenses whatsoever that I might suffer or sustain in connection with the performance of my volunteer activities for the Scituate Animal Shelter, unless they are the result of the Friends of the Scituate Animal Shelter's gross negligence or intentional misconduct. I will indemnify, defend, and hold the Friends of the Scituate Animal Shelter harmless from and against any claims, lawsuits, injuries, damages, losses, costs, or expense whatsoever sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for the Scituate Animal Shelter or my breach of the Friends of the Scituate Animal Shelter's rules, regulations, policies, and programs.
5. I will treat all animals, other volunteers, and the general public with dignity and respect at all times.
6. If I will be sheltering or providing foster care or boarding for any of the Scituate Animal Shelter animals in my home or business, I consent to the Friends of the Scituate Animal Shelter to visit my home or business from time to time to observe the animals and their living quarters. I agree to keep separate all foster animals from my animals and understand that there are risks of exposure still present.
7. I have accurately and truthfully completed this Volunteer Application and Agreement.

Signature of Applicant: _____ Date: _____

Please print first and last name: _____