



The Lucky Ones Come To US!

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

Front Desk Review			
Received by:		Date:	
Follow-up?		Y N	
Friends of the Scituate Animal Shelter Volunteer Application			
Name:		Date of Birth: (If under 21)	
Home #:	Cell #:	E-Mail (Use Block Letters):	
Street Address:			
City:		State:	ZIP:
Employment Information			
Place of Employment:			
Position:	E-mail:	How long:	
In an emergency, please notify:			
Name:			
Address:			
City:	State:	ZIP:	Phone:
Physician:		Phone:	
References:			
Name:	Address:		Phone:
<p><i>Volunteers working with the animals must be 18 years old to work with cats, 21 years old to work with dogs, able to lift approximately 25-50 lbs in weight, be able to stand unaided 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 unaided in order to be considered.</i></p>			
Initial Here: _____			
<p>Do you have any allergies or physical conditions that might affect your volunteer work? If so, please describe:</p>			
<p>Have you adopted an animal from the Scituate Animal Shelter? If so, who and when did you adopt?</p>			
<p>Are you a member of any other animal welfare organizations? If yes, how do you participate?</p>			
<p>Why do you want to volunteer at the Scituate Animal Shelter?</p>			
<p>How did you hear about volunteer opportunities at the Scituate Animal Shelter?</p>			



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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.								
Please Briefly Describe Your Professional Background:								
Areas Of Interest								
<u>What type of volunteer work interests you?</u> Please check all that apply & Circle your first choice.								
<input type="checkbox"/> Cat Care <input type="checkbox"/> Dog Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Yard Work <input type="checkbox"/> Drivers <input type="checkbox"/> Administrative Work <input type="checkbox"/> Front Desk <input type="checkbox"/> Fund Raising <input type="checkbox"/> Advertising <input type="checkbox"/> Grant Writing <input type="checkbox"/> Data Bases <input type="checkbox"/> Event Organizing <input type="checkbox"/> Medical Assistance (Pets) <input type="checkbox"/> Help for Elders with Pets <input type="checkbox"/> Dog Training <input type="checkbox"/> Computer Maintenance <input type="checkbox"/> Other: (Please explain)								
Days:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Additional Comments
8:00 - 10:00 AM								
3:00 - 5:00 PM								
*Mothers' Hours								*List Hours Available
Note: For animal care, we ask you to commitment to one shift per week								
Signature of Applicant:						Date:		
Signature of parent or guardian if under 21*:						Date:		

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



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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: _____