



## The Lucky Ones Come to US!

PO Box 823  
 Scituate, MA 02066  
 Phone: (781) 545-8703

# Friends of the Scituate Animal Shelter Volunteer Application

Volunteer Information			
Name:			
Date of Birth:	Home Phone:	E-mail:	
Street Address:			
City:	State:	ZIP:	
Employment Information			
Place of Employment:			
Phone:	E-mail:	How long:	
Emergency Contact			
<b>In an emergency, please notify:</b>			
Address:			
City:	State:	ZIP:	Phone:
Physician:		Phone:	
References			
Name:	Address:		Phone:

Questions	
<b>Do you have any allergies or physical conditions that might affect your volunteer work?</b> If so, please describe.	
<b>Have you adopted an animal from the Scituate Animal Shelter?</b> If so, who and when did you adopt?	
<b>Are you a member of any other animal welfare organizations?</b> If yes, how do you participate?	
<b>Why do you want to volunteer at the Scituate Animal Shelter?</b>	
<b>If you are here through a volunteer program (school, etc.), please indicate the following:</b>	
Agency/School:	
Address:	
Name of contact person:	Phone:
Number of hours you are required to work:	
<b>How did you hear about volunteer opportunities at the Scituate Animal Shelter?</b>	

**The Friends of the Scituate Animal Shelter values your privacy and will not share your confidential information with any outside organizations.**



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Skills and Experience	
<b>Have you had any formal education in pet care or animal welfare?</b> If so, please describe:	
<b>Have you done any other volunteer work?</b> If so, please describe.	
Areas of Interest	
What types of volunteer work interests you?	Please check all that apply. <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"/> Other:

Availability (Please check all that apply.)					
Weekdays:	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 - 10:00 AM					
3:00 - 6:00 PM					

Weekends	Saturday	Sunday	Comments:
8:00 - 10:30 AM			
10:30 - 1:00 PM			
4:00 - 6:00 PM			

*We also need 9:00 PM dog walkers.*

Signatures	
Signature of Applicant*:	Date:
Signature of parent or guardian*:	Date:

*\*Volunteers between 15 and 18 years of age must have parental approval.*

Shelter Review	
Received by:	Date:
Reviewed by:	Date:

**Please bring the signed Application and Agreement to the Scituate Animal Shelter during our public hours, which are: Monday through Friday 4:00 – 6:00 PM and Saturdays 10:00 AM – 1:00 PM. Alternately, you can mail your completed and signed Application and Agreement to:**

**The Scituate Animal Shelter  
P.O. Box 823  
Scituate, MA 02066**

**Thank you! The Scituate Animal Shelter Director will contact you to schedule an appointment.**



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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 Animal Shelter Director 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.
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 visiting my home or business from time to time to observe the animals and their living quarters.
7. I have accurately and truthfully completed this Volunteer Application and Agreement.

Signature of Applicant\*: \_\_\_\_\_ Date: \_\_\_\_\_

Please print first and last name: \_\_\_\_\_

Signature of parent or guardian\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Volunteers between 15 and 18 years of age must have parental approval.*