



Pendleton Animal Welfare Shelter
517 SE 3rd Street; Pendleton, OR 97801
(541) 276-0181

VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____@_____

Occupation: _____ Employer: _____

Contact Person In case of Emergency: _____

Phone Number: _____ Relationship: _____

How would you prefer to be contacted? Phone___ Cell___ Email___

Have you ever volunteered or worked at any other animal shelter, clinic, or rescue? _____

If yes, where? _____

What were your duties? _____

Have you ever been sentenced, reprimanded, or otherwise involved with animal abuse or neglect? _____ If yes, were you directly, or indirectly involved? Please explain:

Why are you interested in becoming a volunteer at PAWS?

List any skills, hobbies, or interests you feel may benefit PAWS:

Do you wish to work at PAWS (shelter), or at the Pawsability Thrift Store? _____

Would you be interested in helping with off-site work? Yes___ No___

If yes, please indicate what you would be willing to do:

___ Fundraising and special events ___ Driving animals to/from clinics ___ Fostering animals

Please indicate tasks you are willing to do:

- Clean dog kennels* Clean cat cages* Scoop litter boxes*
- Clean up dog feces and urine* Give baths, grooming*
- Walk, play or exercise the dogs Socialize the cats Laundry Washing dishes
- Sweeping and mopping
- Sanitizing leashes, collars, carriers, etc.
- General shelter & grounds maintenance Yard work, maintenance Heavy lifting
- Provide assistance with possibly aggressive animals
- Provide assistance with shy, non-socialized or scared animals
- Provide assistance with sick or possibly sick animals, contagious or non-contagious
- Provide assistance to animals who may be infested with parasites

**These duties tend to get dirty!*

Please indicate the hours and days you are able to volunteer:

(OR...) Would you rather volunteer as a walk-in basis, unscheduled, during the times of 9am and 4pm any day of the week? (____)

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|--------|---------|-----------|----------|--------|----------|
| From | | | | | | | |
| To | | | | | | | |

Waiver of Responsibility:

I _____, and/or my child _____
 (Parent or Guardian) (Minor Child)

are about to voluntarily participate in the care of animals at PAWS, and am doing so entirely upon my own initiative, risk, and responsibility. I hereby, for myself, my heirs, my executors, remise, release, and discharge PAWS, its officers and employees from all claims, demands, actions, or cause of action on account of any injury to me which may occur during my or my minor child's volunteer time.

I also acknowledge this is not a paying position, and do not expect compensation.

 (Date) (Volunteer Signature)

 (Parent or guardian signature)

For Office Use Only:

Date Received: _____
 Checked by: _____
 Date Contacted: _____
 Orientation: _____