

FRIENDS OF THE SALINA ANIMAL SHELTER, INC. VOLUNTEER APPLICATION

Please complete this Volunteer Application & Agreement if you are interested in becoming active with the Friends of the Salina Animal Shelter, Inc. Please note you must be at least 18 years of age to volunteer; you must attend and orientation session **prior** to volunteering, **and you must include your \$10 application fee with the application.**

Please print all information legibly. Once completed, please leave this form along with your \$10 application fee at the front desk at the Salina Animal Shelter or mail to: FSAS c/o Salina Animal Shelter, 329 N. 2nd Street, Salina, KS 67401. Thank you.

PERSONAL INFORMATION

First Name _____ Last Name _____

Street Address _____

City / State / Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

****Note: The vast majority of communication with members is done via e-mail.**

In lieu of e-mail, would you prefer to receive text messages for meeting reminders, etc. on your cell? _____

Birth Date (mm/dd/yy) _____ Gender Male _____ Female _____

EMERGENCY CONTACT INFORMATION

First Name _____ Last Name _____

Street Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Relationship to you _____

BACKGROUND / SKILLS / EXPERIENCE

List other agencies/groups/organizations for which you have previously or currently volunteer.

Have you ever been convicted of a felony? If yes, please explain. Conviction does not necessarily disqualify you from volunteering. We may conduct a background check. If you have not provided complete or truthful information, your application may be rejected or your volunteer service terminated. _____

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Please mark any skills or interests listed below:

- | | | |
|-------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Exercising Dogs | <input type="checkbox"/> Grooming Dogs | <input type="checkbox"/> Socializing cats |
| <input type="checkbox"/> Grooming cats | <input type="checkbox"/> Petco cat condo maintenance | <input type="checkbox"/> Cleaning/laundry |
| <input type="checkbox"/> Website maintenance | <input type="checkbox"/> Photography | <input type="checkbox"/> Off-site/special events |
| <input type="checkbox"/> Rescue Waggin video | <input type="checkbox"/> Rescue Waggin Assistant | <input type="checkbox"/> RW Behavior assessor |
| <input type="checkbox"/> Research/grant writing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office / Admin |

List any other education, skills, experience in pet care or animal welfare you possess.

ADDITIONAL INFORMATION

Do you have any physical or psychological limitations (i.e. allergies, back problems, heart condition, etc.) that would prevent you from participating in certain activities? Please explain:

AVAILABILITY

Regular volunteer hours at the Salina Animal Shelter are as follows:

Monday through Friday, from 6 a.m. to 5:30 p.m.

Saturdays from 7 a.m. to 3 p.m.

Off-Site and Special Events: varies with event

The shelter is closed on Sundays and legal holidays.

**FRIENDS OF THE SALINA ANIMAL SHELTER, INC.
VOLUNTEER AGREEMENT**

As a Friends of the Salina Animal Shelter, Inc. member and volunteer, you will be required to abide by the terms of a volunteer agreement. The agreement below describes what FSAS, Inc. and the Salina Animal Shelter expect of you and what you can expect from FSAS.

My signature below indicates that I understand and agree to the following:

I must be at least 18 years of age to volunteer.

I will abide by and support all FSAS, Inc. and Shelter policies and procedures, rules and regulations and understand that failure to do so may result in disciplinary action.

I agree to be supervised by Shelter Director & Staff and the FSAS, Inc. Board of Directors, or designee.

I agree to report any problems relating to animal care, animal behavior, shelter functions, etc. to Shelter staff.

I agree to report any problems or concerns about volunteer issues to the FSAS Board of Directors or designee.

I agree that FSAS, Inc. and/or the Salina Animal Shelter may photograph or video record my participation in this program and hereby release these photos or videos to FSAS, Inc. or the Salina Animal Shelter for use in program or promotional purposes.

I will keep private and confidential all information that I acquire during the course of my volunteer service.

I agree to try to volunteer a minimum average of four (4) hours per month. I acknowledge that my services are provided strictly on a volunteer basis, without pay of any kind and without liability of any nature on behalf of Friends of the Salina Animal Shelter, Inc. or the Salina Animal Shelter. I understand I am free to resign from the program at any time. Should I wish to resign from the program, I agree to contact the FSAS Membership Assistant or any member of the FSAS board, either in writing or via e-mail.

I understand that in handling animals and performing other volunteer tasks there exists a risk of injury, exposure to diseases and physical harm caused by the animals. I am aware that some or all of these animals may not have had their rabies shot.

I authorize the Salina Animal Shelter and Friends of the Salina Animal Shelter, Inc. to seek emergency medical treatment in case of accident, injury or illness. I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Kansas Worker's Compensation law.

On behalf of myself, my heirs, personal representatives and executors, I hereby forever release, indemnify and hold harmless the Friends of the Salina Animal Shelter, Inc., the Salina Animal Shelter, its agents, servants and employees, the Salina-Saline County Health Department, City of Salina, KS and Saline County, KS from all claims, causes of action, or demands of any nature or cause, including costs and attorney's fees incurred by the Shelter in connection with the same, based on damages or injuries which may be incurred or sustained by me (or my household members in the event I am fostering an animal) in any way connected with my service for the Friends or the Shelter, Inc. and/or the Salina Animal Shelter, including, but not limited to animal bites, accidents or injuries.

I hereby certify that all entries on this application are true and complete. I understand any falsification of this information may cause forfeiture of my volunteer service with the Friends of the Salina Animal Shelter, Inc.

Signature _____ Date _____

Please print your name _____