

# AUBURN VOLUNTEER APPLICATION

Volunteer Dept: ext. 104  
volunteer@placerspca.org

Name of adult \_\_\_\_\_

Name of junior \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_ e-mail \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone# \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ **(If No, please complete side 2)**

How did you find out about our volunteer program?

Are you able to volunteer at least 4 hours per month for a minimum of 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If you can't make the commitment listed above, are you interested in becoming a:

SPECIAL EVENTS VOLUNTEER Yes \_\_\_\_\_ No \_\_\_\_\_

These volunteers help staff fund-raising events, Gift Wrapping, Pet Photos, etc.

FINANCIAL SUPPORTER Yes \_\_\_\_\_ No \_\_\_\_\_

Your contribution is essential in helping us care for homeless animals and continue our many programs and services.

Please describe any previous volunteer experience? With what organization?

Any special skills/talents you would like to put to use? \_\_\_\_\_

The Placer SPCA euthanizes (painless death) animals that are determined to be unadoptable due to severe health or behavior issues. What are your thoughts about euthanasia?

Do you have any physical, medical or psychological limitations that would affect your ability to perform certain volunteer duties, i.e., heart condition, back injury, allergies, pregnancy etc.? If yes, please describe.

## Emergency Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# JUNIOR VOLUNTEER APPLICATION

Are you 13 through 17 years of age? Yes \_\_\_\_\_ \*No \_\_\_\_\_ If No, please see note below

**If yes, please complete this side of the volunteer application and ask the adult who will be volunteering with you to complete Side 1.**

If you are a volunteer that is 13 through 17 years of age, a parent/guardian is required to be an active participant in the volunteer program with you and must accept the responsibility of supervising all of your volunteer activities including training sessions and meetings.

Junior Volunteer Name \_\_\_\_\_ Age \_\_\_\_\_

Name of adult volunteer \_\_\_\_\_ Relationship \_\_\_\_\_

How did you find out about our volunteer program? \_\_\_\_\_

Are you both able to volunteer at least 4 hours per month for a minimum of 6 months?

Yes \_\_\_\_\_ \*No \_\_\_\_\_ If No, please see note below

Please describe any previous volunteer experience. With what organization?

\_\_\_\_\_

The Placer SPCA euthanizes (painless death) animals that are determined to be unadoptable due to severe health or behavior issues. What are your thoughts about euthanasia?

\_\_\_\_\_

Are you required to do volunteer or community service work for school or any other agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please answer the following:

Name of school or agency \_\_\_\_\_ Number of hours required \_\_\_\_\_

Name of contact person \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any medical or psychological limitations that might affect your volunteer duties, i.e., allergies, heart condition, back problems, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

## Emergency Information

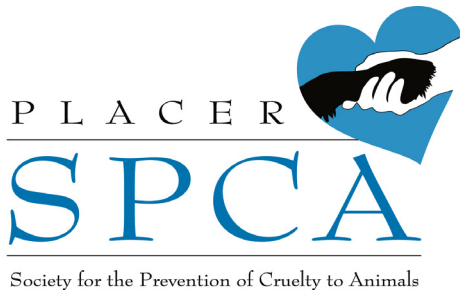
Name of adult other than person volunteering with you \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Signature of junior volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

\*If you are **not at least 13 years of age or you are unable to commit to at least 4 hours per month for a minimum of 6 months**, you cannot volunteer at the center. However, you may be eligible to join our Youth for Animals Club (for youths from 9 through 12) or help with one or more of the many projects available to young people. For more information about these opportunities, please visit [www.placerspca.org](http://www.placerspca.org) or contact the Humane Education Department at ext. 253 or [humaneedu@placerspca.org](mailto:humaneedu@placerspca.org).



# VOLUNTEER AGREEMENT

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you of both our deep appreciation for your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

## **I. AGENCY Placer SPCA agrees:**

1. To treat the volunteer respectfully for the completion of the agency mission.
2. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
3. To offer the volunteer careful placement with consideration for personal preference, temperament, life experiences, and educational background.
4. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
5. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
6. To strive to maintain a smooth working relationship with the volunteer.

## **II VOLUNTEER**

1. I agree to abide by the policies and procedures presented to me at the Volunteer Orientation and Training Meetings, and subsequent information that I am presented with by the Volunteer Coordinator.
2. I fully understand that the PSPCA handles large numbers of animals on a daily basis. The disposition of these animals is unknown to the PSPCA. I agreed to hold the PSPCA harmless for any injury(ies) which I or the junior volunteer under my supervision might sustain, including, but not limited to, injuries caused by animals during the course of my(our) volunteer duties with the PSPCA.
3. I understand that PSPCA records regarding previous or new owners are to be kept confidential.
4. I agree to fulfill my commitment of 4 hours per month for at least six months to PSPCA.
5. I agree to perform my volunteer duties in good spirit and to the best of my ability and to seek guidance when in doubt.
6. I agree to be prompt and reliable in attendance, to contact the Volunteer Coordinator or program supervisor if unable to work as scheduled.
7. I agree to attend continuing training classes that will allow me to maintain an ongoing competence in the performance of my job. I will take ideas, constructive comments, suggestions and criticisms directly to the Volunteer Coordinator.
8. I agree to respect the staff and other volunteers and strive to maintain a smooth working relationship. If communication problems develop between employees/other volunteers and me, I will report these to the Volunteer coordinator as soon as possible.
9. I agree to accept PSPCA's right to dismiss a volunteer.
10. I agree to work safely, adhering to PSPCA's training guidelines.
11. I understand that if I am injured while active as an unpaid member of the volunteer staff, that I am not covered by California State Worker's Compensation Law.
12. The PSPCA has my permission to use any and all photographs taken of me to promote PCSPCA services and programs or to publicize any event. I understand that all prints and negatives become sole property of the PSPCA and may be used without payment or prior notification.

*Please Print*

Name of Adult \_\_\_\_\_ Name of Junior \_\_\_\_\_

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

# PLACER SPCA VOLUNTEER RELEASE FORM

**ACCEPTANCE AND SIGNING THIS FORM IS A CONDITION OF VOLUNTEERING FOR THE PLACER SPCA AND LIMITS YOUR LEGAL RIGHTS. VOLUNTEER (AND PARENT OR GUARDIAN, IF APPLICABLE) MUST READ AND SIGN THIS FORM.**

My name is \_\_\_\_\_. I hereby agree to accept a position in a VOLUNTARY capacity as a VOLUNTEER for the Placer SPCA (hereafter referred to as PSPCA). I understand that the term VOLUNTEER means a person who freely serves the PSPCA in a voluntary capacity. I have read the entire contents of this PSPCA Volunteer Release Form and understand and agree that no liability whatsoever will be incurred by the PSPCA for anyone who performs voluntary actions or services.

In consideration of being allowed to volunteer in any capacity for the PSPCA, the undersigned:

1. Acknowledges and fully understands that the PSPCA handles large numbers of animals on a daily basis, and that the full temperament of these animals is unknown to the PSPCA. I have been advised and fully understand that there are certain risks associated with the duties I may perform for the PSPCA in my volunteer capacity including, but not limited to, injuries caused by animals.
2. Reasonably, knowingly and voluntarily agrees to assume all risks associated with any and all duties that I perform for the PSPCA in my volunteer capacity and to accept personal responsibility for the damages following such injury or loss.
3. Releases, waives, forever discharges and covenants not to sue the PSPCA, its administrators, directors, agents, servants and employees, all of which are hereinafter referred to as "releasees," from any and all liability to the undersigned, my heirs, assigns and next of kin for any and all claims, demands, losses or damages on account or injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
4. Knowing the risks associated with volunteering for the PSPCA, nevertheless hereby agrees to assume those risks and to release, discharge, indemnify, defend and hold harmless all of the releasees mentioned above who (through negligence, carelessness or otherwise) might be liable to me or my heirs or assigns, for damages.
5. Releases, waives, forever discharges and covenants not to sue the releasees for any and all loss or damage to my personal property while performing services for the PSPCA in my volunteer capacity.
6. Grants full permission to the PSPCA and/or its agents including its media partners to use any photographs, videotapes or any other record in which I may appear for any legitimate purpose.

**THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT HE OR SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, SIGNED IT VOLUNTARILY, AND AGREES TO BE BOUND BY IT.**

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of PSPCA Volunteer Coordinator \_\_\_\_\_

## **PARENT OR LEGAL GUARDIAN (OF VOLUNTEERS 17 AND YOUNGER)**

As a parent or legal guardian of the above-named Volunteer, I hereby give my consent to allow the undersigned volunteer to volunteer services for the PSPCA described within this Volunteer Release Form.

I have read the PSPCA VOLUNTEER RELEASE FORM and fully understand its terms and conditions. On behalf of myself and the above named Volunteer, I agree to be bound to all terms and conditions as set out in the PSPCA Volunteer Release Form. I understand that by signing this form I have given up substantial rights.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of PSPCA Volunteer Coordinator \_\_\_\_\_