



Second Chance Animal Shelter, Inc.

P.O. Box 136, 111 Young Road, East Brookfield, MA 01515

Telephone: (508) 867-5525

Fax: (508) 867-5019

www.secondchanceanimals.org Email: info@secondchanceanimals.org

VOLUNTEER APPLICATION AND AGREEMENT

Thank you for considering volunteering with Second Chance Animal Shelter. We are a non-profit, 501(c)3 organization, which operates a no-kill shelter and foster care program for stray, abandoned, neglected, and surrendered dogs, puppies, cats, and kittens. We also operate a high quality low-cost spay/neuter and vaccination program at our Pet Wellness and Education Center in North Brookfield. Volunteers with a variety of skills are needed to ensure the success of these programs. Your help is GREATLY appreciated. Please take the time to fill out this application and read and sign the agreement. This information will help us find the volunteer work that you would enjoy most and to keep you posted on new projects. After we review your information, a shelter representative will contact you to discuss volunteer opportunities with Second Chance Animal Shelter.

Adult Jr. Volunteer (Under 18)

Date: _____

(Jr. Volunteers must be accompanied by a parent or guardian while on premises. Jr. volunteers that are 16-18 that are volunteering as part of a school project or requirement can volunteer without a parent or guardian with the approval of the parent/guardian and the school's permission.)

NAME:	
ADDRESS:	
TELEPHONE:	CELL PHONE:
EMAIL: (Please print legibly, as this is how we update volunteers.)	BEST WAY TO CONTACT:

Would you like to receive our weekly e-newsletter? Yes No

What type of volunteer work are you interested in doing?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Transport | <input type="checkbox"/> Dog walking/feeding/care | <input type="checkbox"/> Foster Home | <input type="checkbox"/> Assisting at various events |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Cat care | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Veterinary assistance |
| <input type="checkbox"/> Telephone calls | <input type="checkbox"/> Coordinating events/Volunteer opportunities | <input type="checkbox"/> Newsletter writing | |
| <input type="checkbox"/> General housekeeping/Maintenance | | <input type="checkbox"/> Other (Please explain below): | |

Do you have any experience or training in the following areas?

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Dog Training | <input type="checkbox"/> Grooming | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Veterinary Assistance |
| <input type="checkbox"/> Animal Rescue | <input type="checkbox"/> Kennel Assistant | <input type="checkbox"/> Writing | <input type="checkbox"/> Feral Cat Trapping |
| <input type="checkbox"/> Other _____ | | | |

Please provide specifics for any of the above areas you checked: _____

Where are you interested in volunteering (check all that apply)? E. Brookfield (Shelter) N. Brookfield (Wellness Center) Springfield (Veterinary Clinic) Worcester (Veterinary Clinic)

Do you have a specific time available to volunteer or are you flexible? _____

What do you do for a living/what specific talents do you possess that you think would be a benefit to the shelter?

Have you ever volunteered at another shelter or animal-related facility and/or do you hold any animal organization memberships? If so, please explain: _____

Would you be willing to place and maintain one (1) or more canisters and/or distribute flyers at local businesses to help with fundraising?

Yes No If so, how many and where? _____

Have you ever been charged/convicted of a crime related to animal abuse/abandonment? If so, please explain:

Is there any other information that we should know about to get to know you better? _____

Do you presently own a dog or cat? Yes No If yes, please list number of pets: _____

Are all of your pets spayed/neutered/up to date on vaccines? Yes No If not, do you need assistance getting them spayed/neutered/vaccinated? _____ Yes _____ No

If you do not currently own a cat or dog, have you owned cats or dogs in the past? _____ Yes _____ No

If yes, please describe what happened to them: _____

Please provide the name and number of an emergency contact: _____

Volunteer Agreement

In consideration of this opportunity to volunteer, 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, procedures and programs of Second Chance Animal Shelter while I am a volunteer; a copy of which will be made available to me for review.
2. If I stop being a volunteer for Second Chance Animal Shelter for any reason or upon the Shelter's request at any time, I will promptly return all of the Shelter's supplies, equipment, records, moneys, and other items in good clean condition.
3. I assume the risks of being bitten, scratched, injured, or frightened by the cats, kittens, dogs, and puppies in connection with my volunteer work for the Shelter. Second Chance Animal Shelter is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for the Shelter, unless they are the result of the Shelter's gross negligence or intentional misconduct. I will indemnify, defend and hold the Shelter harmless from and against any claims or losses in connection with my gross negligence or intentional misconduct in my performance of volunteer activities for the Shelter, or my intentional breach of Shelter rules, regulations, policies, procedures and programs.
4. I understand and agree that the Shelter may refuse volunteer applications for any reason.
5. If I will be sheltering or providing foster care or boarding of any of the Shelter's animals in my home or business, I consent to the Shelter visiting my home or business from time to time to observe the animals and their living quarters.
6. I have accurately and truthfully completed this Volunteer Application and Agreement.
7. Any modification to this Agreement must be in writing signed by both parties. This Agreement is binding upon the Shelter, me and the Shelter's and my respective heirs, successors, assigns, executors, and personal representatives.

PERMISSION AND RELEASE OF LIABILITY FOR VOLUNTEERS UNDER THE AGE OF 18

In consideration of the Shelter offering this volunteer opportunity, I/we agree to the following, intending to be legally bound:

1. My/our child(ren) or child(ren) under my/our guardianship has enough experience with ____ dogs and/or ___ cats and is mature enough to volunteer with the Shelter and to participate in activities with ____ dogs/puppies of all sizes and/or _____ cats/kittens.
2. Whenever my/our child(ren) or child(ren) under my/our legal guardianship participate(s) in the Shelter's activities, I/we hereby release and agree to indemnify, defend and hold harmless the Shelter, its directors, officers, employees, agents, and volunteers and it's and their heirs, successors, assigns and personal representatives from and against liability for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever (the "Losses"), which such child(ren) or any pet or other person might suffer or sustain, except any losses which are the result of the Shelter's gross negligence or intentional misconduct.

I acknowledge that there are risks that the child(ren) could be bitten, scratched, injured or frightened by the ____ dogs/puppies and/or the ____ cats/kittens and I/we assume such risks.

3. I understand and agree that the Shelter may refuse volunteer applications for any reason.

4. I have accurately and truthfully completed this Permission and Release Form.

5. This Permission and Release Form is binding upon me, my spouse, partner, and my and his/her respective heirs, successors, assigns, executors, and personal representatives.

Date: _____

APPLICANT

Sign Name

Print Name

**IF UNDER 18:
PARENT/GUARDIAN**

Sign Name

Print Name

SECOND CHANCE ANIMAL SHELTER

By: _____

_____, _____
Print Name Title

SPOUSE/PARTNER

Sign Name

Print Name

Mail or fax this form to:

Second Chance Animal Shelter
ATTN: Volunteer Coordinator
PO Box 136, 111 Young Road
East Brookfield, MA 01515
Fax: (508) 867-5019

"Every Pet Deserves a Second Chance"