

VOLUNTEER APPLICATION



Please complete this application and return to SCAC via mail or email:

Mail:
P.O. Box 620
Shaftsbury, VT 05262
ATTN: CPC

Email:
scacprograms@wildblue.net
Questions:
802-375-2898, x312

Name Date of Birth

Mailing Address City State Zip

Home Phone Cell Phone

Email

VOLUNTEER INTERESTS (Please indicate one or more areas of interest.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Dog Walker | <input type="checkbox"/> Front Desk |
| <input type="checkbox"/> Animal Socializer | <input type="checkbox"/> Education Programs | <input type="checkbox"/> Grounds/Maintenance |
| <input type="checkbox"/> Coin-Bank Collector | <input type="checkbox"/> Events | <input type="checkbox"/> Shelter Care |

AVAILABILITY (Please indicate time of day and what days fit your schedule.) Morning Afternoon

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Liability Waiver

I authorize Second Chance Animal Center (SCAC) to seek emergency medical treatment on my behalf in case of accident, injury, or illness while undertaking work as a volunteer and will not hold SCAC or its staff responsible in any way. I fully understand and agree to assume all risks involved in any and all duties that I perform for SCAC in my volunteer capacity. Such duties might include but are not limited to: animal care and handling; shelter, cage, and/or kennel cleaning; transport of animals or materials to and from appointments, events, and activities; and other volunteer duties I agree to undertake.

I fully understand that SCAC handles animals on a daily basis and the temperament of any animal is sometimes unpredictable. I agree not to hold SCAC, its agents and employees, or successors or assigns of said corporation, liable for any injuries or damage that I may sustain: from handling animals; assisting with activities that require travel to and from SCAC animal shelter; exposure to hazardous materials used for cleaning; and/or other activities when representing SCAC during the course of my volunteer duties.

Signature of Volunteer Applicant (Parent/Guardian if under 18) Date

Emergency Contact: _____

Cell Phone: _____ Work Phone: _____