



TAKING THE 'dis' OUT OF disABILITY
A Non-Profit Agency

VOLUNTEER APPLICATION

Name: _____ Home Ph: _____ Wk Ph: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Email Address: _____

How should we contact you? Email or Phone

Emergency contact name and phone _____

Have you ever been convicted of a felony? Yes No

Please "like" us on Facebook (4 Paws Volunteer Connection) if you'd like to be added to our volunteer group.

How did you hear about 4 Paws?

Why do you want to be a volunteer?

What type of position are you interested in? Foster Socialization* Cleaning
*Prerequisite: 40 hrs of volunteering. Puppy Play Time Grooming Office Help

What experience do you have, if any?

Briefly describe your experiences with animals:

Do you have any special skills and training that you can offer (grant writing, OT, PT, etc.)?

Signature: _____ Date: _____

School/Organization (if applicable): _____

Parent/Guardian Signature (if under 18yo): _____ Name: _____



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VOLUNTEER RELEASE FORM

Volunteer Requirements: I have received, read, and fully understood 4 Paws for Ability's Volunteer Policies and Procedures.

Terms and Conditions: My services to 4 Paws are provided strictly in a voluntary capacity as a Volunteer, and without any express or implied promise of salary, compensation or other payment of any kind whatsoever.

My services are furnished without any employment-type benefits, including employment insurance programs, worker's compensation accrual in any form, vacations or sick time.

I will familiarize myself and comply with 4 Paws' policies and procedures applicable to Volunteers. In particular, I fully understand that 4 Paws expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a Volunteer.

I understand that 4 Paws, without notice or hearing, may terminate my services as a volunteer at any time, with or without reason.

Release for Public Relations: Understanding that Public Relations is an important part of a volunteer's activities on behalf of 4 Paws, I hereby authorize 4 Paws to use any photographs of me in its possession for public relations purposes.

Injury Release: I/We release from harm 4 Paws For Ability regarding any injury that might occur while at the 4 Paws For Ability, Inc. Training Center (facility) at 207/253 Dayton Ave, Xenia, Ohio 45385 or otherwise volunteering with 4 Paws during tracking outings or socialization work in public, to me/us and/or my child. This includes, but is not limited to, injury resulting from the use of the trampolines, bikes, playground equipment, or any other recreational equipment used while at the facility; injury resulting from the use of the kitchen area or other activities; any injury related to handling or interaction with the dogs; including bites and/or scratches. I/We understand that we are responsible for all medical bills or any other charges resulting from injury while on grounds at 4 Paws For Ability, Inc. in any of the above mentioned areas and/or any other injury occurring during the time the volunteer is with 4 Paws on or off 4 Paws For Ability property.

By signing, I am stating that I fully understand and agree to the terms stated above.

Print Name: _____ Signature: _____

School/Organization (if applicable): _____

Name of Parent/Guardian (if under 18 yo): _____

Parent/Guardian Signature: _____ Date: _____