



Spay N Save

988 N Ronald Reagan Blvd.
Longwood FL 32750 407-920-4894

Volunteer Application

Office Use Only: <input type="checkbox"/> Orientation Completed on: Date: ____/____/____
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Please complete and send the following Volunteer Application (within 2 weeks of orientation) to:

Spay N Save
988 N Ronald Reagan Blvd.
Longwood FL 32750

Name: _____ Email Address: _____
 Address: _____ City/State/Zip: _____
 Home #: _____ Work #: _____ Over 21? _____
 Occupation: _____ Employer: _____
 Are you presently Employed? Yes No May we contact you at work? Yes No
 Emergency Contact: _____ Relationship: _____ Phone #: _____
 Cell# _____

VOLUNTEER/BACKGROUND INFORMATION

How did you hear about the Spay N Save Volunteer Program? _____

Have you ever volunteered at an animal clinic/shelter? Yes No
If yes, when and where? _____

Have you ever been convicted of a crime? Yes No
If yes, please explain: _____

Do you have any allergies, asthma, physical or psychological condition that would affect your volunteer work?
 Yes No If yes, please explain: _____

How many hours would you like to volunteer? Each week _____ Each month _____

Please mark your availability:

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8-11)					
Afternoon (2-6)					



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INTERESTS

Please indicate which volunteer categories you are MOST interested in. Some positions may require additional training or time commitments.

CHECK ALL WHICH APPLY:

- | | | |
|---|---|---|
| <input type="checkbox"/> Appointments | <input type="checkbox"/> Data Entry/Filing | <input type="checkbox"/> DOG: Kennel support |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Patient Check-in/Check-out | <input type="checkbox"/> CAT: Kennel support |
| <input type="checkbox"/> Events | <input type="checkbox"/> Animal Recovery/Monitoring | <input type="checkbox"/> Laundry/Packs |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Transport | <input type="checkbox"/> General Housekeeping |
| <input type="checkbox"/> Donation Banks | <input type="checkbox"/> Other: _____ | |

Special interests/talents (i.e., grant writing): _____

Please explain any special skills, hobbies, or interests that would be beneficial to our organization:

Why do you want to be a volunteer for **Spay N Save**? _____

Do you have any concerns? _____



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Statement of Agreement General Release and Waiver

I am interested in serving as a volunteer for **Spay N Save**. I am prepared to receive orientation, training and supervision in order to devote time to this organization. I will hold **Spay N Save** harmless if I incur an injury while working as a volunteer.

WHEREAS, the undersigned volunteer (the "Volunteer") realizes that **Spay N Save** is a non-profit corporation serving animal life in Seminole County Florida and;

WHEREAS, major concerns of **Spay N Save** include providing a non-lethal solution to companion animal overpopulation by spay/neuter and;

WHEREAS, it is unfortunate that some of the animals entering the **Spay N Save** are victims of neglect and/or mistreatment and as a result, their behavior is unpredictable;

NOW, THEREFORE in consideration of (i) the foregoing premises, (ii) Volunteer being allowed in **Spay N Save** and (iii) **Spay N Save** reliance upon the execution of this waiver and release by Volunteer, Volunteer agrees as follows:

1. Volunteer assumes full responsibility for any and all injuries Volunteer may sustain while serving as a volunteer at **Spay N Save** or with respect to **Spay N Save** activities away from the clinic.
2. Volunteer assumes full responsibility for any and all medical costs associated with injuries sustained as a Volunteer, whether at or away from **Spay N Save**, subject to coverage under any medical insurance carried by Volunteer personally or by Volunteer's employer.
3. The undersigned has/has not (circle one) medical insurance provided by the Volunteer or Volunteers employer. If Volunteer has indicated that the Volunteer has medical insurance, Volunteer agrees to provide a certificate of such medical insurance to **Spay N Save** upon request.
4. Volunteer hereby releases **Spay N Save** from any all claims for personal injuries while a Volunteer at **Spay N Save** or while performing volunteer activities away from the clinic.

I understand that I may have access to confidential information, including but not limited to donor and volunteer lists. Disclosure of confidential information of **Spay N Save** is unacceptable, and will not be tolerated. I understand that this non-disclosure applies during and after my volunteer time with **Spay N Save**. Any copying, reproducing, or distributing of confidential information is not permissible. Confidential information remains the property of **Spay N Save**. Questions concerning whether information is confidential should be directed to the Clinic Director.

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

***If Volunteer is under 18 a parent or guardian signature is required.**

For questions and/or concerns please contact [add contact name]

Email: [Insert email]

Phone: [Insert Phone Number]