

PAWS ADULT Volunteer Application & Agreement

1401 Trout Road, State College, PA 16801, phone 814.237.8722



If you are 18 OR UNDER, do NOT complete this form. Instead, please have your parent or legal guardian completes this form, along with the PAWS Youth Volunteer Permission and Release Form on your behalf.

Thank you for your interest in Centre County Paws, Inc. ("PAWS/we/us") a 501(c) (3) non-profit corporation that serves Centre County, PA and is located at 1401 Trout Road, State College, PA 16801. Volunteers with a variety of skills are needed. Please take the time to complete this Application and Agreement and return it to the address above. After we review your information, we will contact you regarding your availability to volunteer and endeavor to match you to an opportunity in your area of interest.

Contact & other Information of Person Applying to Volunteer (if you are under 18, do not complete this form)

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Phone(s): (____) _____

** Note that PAWS uses Email as its primary manner of communicating with volunteers, so please make sure to clearly list your email address. If you do not have email, please write "I do not use email" in the field and make sure you clearly list your phone number(s).*

Occupation/Student: _____ Your Age? _____

Do you have reliable transportation? _____

Have you ever been convicted of a Felony? _____

Information about Past/Current Pets

Cat or Dog?	Breed/Mix	Gender	Spayed / Neutered?	Age	How did you acquire this pet?	What happened to this pet

Any Allergies? _____ Are you allergic to Peanuts or Latex? _____

Please list any volunteer organizations that you have worked with, including location: _____

Do you have any professional experience or training in any of the following areas? (Please circle)

Accounting Animal Rescue Carpentry Computer Programming Data Entry
 Electrical Finance Fundraising Grooming Kennel Assistant Legal
 Plumbing Public Speaking Training Vet Assistant Web Design
 Other _____

Please indicate which types of volunteering opportunities are of interest to you (Please rank in the order of your interests where one (1) is your highest interest, two (2) the second highest interest and so on)

- | | |
|--|--|
| _____ Cat side Feeding, Cleaning and socializing | _____ Dog side Feeding, Cleaning and Walking |
| _____ Fostering Cats / Kittens | _____ Fostering Dog / Puppies |
| _____ Front Desk / Phones / Greeter | _____ Spay / Neuter Program |
| _____ Events Planning | _____ Building Maintenance & Upkeep |
| _____ Education & Public Speaking Programs | _____ Grounds Keeping |
| _____ Marketing / Public Relations / Publicity | |
| _____ Membership Growth | |

Please check the time and day you would be interested in volunteering:

Weekday Shifts –

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Evening					

Weekend Shifts –

	Saturday	Sunday
Morning		
Early Afternoon		
Evening		

I have accurately and truthfully completed this Volunteer Application and Agreement. In consideration for this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

1) PAWS POLICIES: I will at all times abide by the mission, rules, regulations, policies, and programs of PAWS while I am a volunteer.

2) ASSUMPTION OF RISK, LIMITATION OF LIABILITY & INDEMNIFICATION: I knowingly assume the risks of being injured or suffering damages (including but not limited to being bitten, scratched, frightened, or otherwise harmed) in connection with my volunteer work with PAWS. Neither PAWS nor its directors, officers, employees, agents, or volunteers are 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 volunteer activities. I will indemnify, defend and hold harmless PAWS, its directors, officers, employees, agents, and volunteers, and its and their heirs, assigns, successors, personal representatives and executors, from and against any claims, lawsuits, injuries, damages, losses, judgments, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for PAWS, or my breach of PAWS's rules, regulations, policies, or programs.

3) VOLUNTEER ACCEPTANCE & TERMINATION: I understand and agree that PAWS may decline my request to volunteer or revoke my volunteer status at any time with or without reason. If I cease being a volunteer for PAWS, or upon request from PAWS at any time, I will promptly return in good condition all property and information belonging to PAWS, including but not limited to keys, supplies, equipment, electronic and/or paper records, and monies. I also agree that the Limitation of Liability & Indemnification provisions listed above will remain in effect even if I am no longer a PAWS volunteer.

4) GENERAL

a) Any modification to this Agreement must be in writing and signed by both parties. This Agreement is binding upon your and our heirs, assigns, successors, personal representatives and executors.

b) I explicitly give PAWS permission to add my email address to any email lists used for communication with volunteers.

Dated: _____

APPLICANT

CENTRE COUNTY PAWS, INC.

Signature: _____

Signature: _____

Name: _____

Name: _____

Key Issued (if applicable): _____

Title: _____



PAWS YOUTH Volunteer Permission and Release Form

1401 Trout Road, State College, PA 16801, phone 814.237.8722

This form is to be completed by the parent or legal guardian (and child) of a child under the age of 18. **PAWS policies prohibit children under 18 from volunteering unless accompanied and supervised by a parent, legal guardian, or an authorized "Responsible Adult" (21 or older).** For this reason, either you or your authorized "Responsible Adults" must also complete the PAWS Volunteer Application and Agreement Form. Children under 18 do NOT need to complete the PAWS Volunteer Application and Agreement Form.

Please list the children under 18 that may Volunteer with You or Your Authorized Responsible Adult(age 21 and over)

Name: _____ Age: ____ Name: _____ Age: ____
Name: _____ Age: ____ Name: _____ Age: ____

PARENT or LEGAL GUARDIAN NAME _____ Relationship _____

PHONE _____ Email _____

TO BE COMPLETED BY THE YOUTH VOLUNTEER:

Do you have a dog(s)? _____ If yes, what kind of dog(s) do you have? _____

Do you have a cat(s)? _____ If yes, what kind of cat(s) do you have? _____

Do you help take care of your cat(s) or dog(s)? _____ If yes, what do you do for your cat(s) or dog(s)? - _____

TO BE COMPLETED BY THE PARENT/GUARDIAN:

If you will not accompany your children while they volunteer, please list names, addresses, and telephone numbers of any Responsible Adults (21 or older) that you authorize in your stead to accompany and supervise your children while they volunteer:

Please describe each child's experience with your dogs and with other dogs:

Are the children listed above accustomed to large dogs (over 50 pounds)? _____

Please describe each child's experience with your cats and with other cats:

Have any of the children listed above had any negative interactions with dogs or cats (been bitten, chased, scratched, etc.)? If yes, who? _____ What happened? _____

Are any of the children listed above allergic to (circle all that apply): Peanuts Latex Dogs Cats

Permission and Release of Liability

I have accurately and truthfully completed this Youth Volunteer Permission AND Release Form. In consideration for this opportunity for my child or children ("my children"), I agree to the following terms and conditions, intending to be legally bound by them:

1) PAWS POLICIES: I will instruct my children to at all times abide by the mission, rules, regulations, policies, and programs of PAWS while they are volunteers.

2) SUPERVISION OF CHILDREN WHILE VOLUNTEERING: When my children volunteer with PAWS, I will ensure that they are accompanied and supervised either by myself or by one of the Responsible Adults listed above. I agree that I will not allow my children to volunteer or attempt to volunteer without this required accompaniment and supervision.

3) ASSUMPTION OF RISK, LIMITATION OF LIABILITY & INDEMNIFICATION: I knowingly assume the risks of my children being injured or suffering damages (including but not limited to being bitten, scratched, frightened, or otherwise harmed) in connection with their volunteer work with PAWS. Neither PAWS nor its directors, officers, employees, agents, or volunteers, or its and their heirs, assigns, successors, personal representatives and executors, are liable to me or my children for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which my children might suffer or sustain in connection with the performance of volunteer activities. I will indemnify, defend and hold harmless PAWS, its directors, officers, employees, agents, and volunteers, and its and their heirs, assigns, successors, personal representatives and executors, from and against any claims, lawsuits, injuries, damages, losses, judgments, costs or expenses whatsoever, sustained by my child, any companion animal, or any person in connection with my children's volunteering with PAWS.

4) GENERAL

a) Any modification to this Agreement must be in writing and signed by both parties. This Agreement is binding upon your and our heirs, assigns, successors, personal representatives and executors.

b) The terms and conditions contained in this Youth Volunteer Permission and Release Form are binding upon me, my spouse/partner, and my and his/her respective heirs, assigns, successors, personal representatives and executors.

Dated: _____

PARENT or LEGAL GUARDIAN

Signature: _____

Name: _____

PARENT OR LEGAL GUARDIAN

Signature: _____

Name: _____

CENTRE COUNTY PAWS, INC.

Signature: _____

Name & Title: _____

I agree to function as a "Responsible Adult" as defined above and accompany and supervise the children listed on this form in their parent's or legal guardian's stead when those children volunteer:

AUTHORIZED RESPONSIBLE ADULT (21 or older)

Signature: _____

Name: _____

AUTHORIZED RESPONSIBLE ADULT (21 or older)

Signature: _____

Name: _____

One-Day Adult Group Form (18 and Over)
PAWS Volunteer Application & Agreement

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Contact Information of Person Applying to Volunteer (if you are 18 or under, do not complete this form)

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone(s): _____

Have you been convicted of a felony? _____
Would you be interested in volunteering for PAWS after your one-day event? _____
Are you allergic to (circle all that apply): Peanuts Latex Dogs Cats

I have accurately and truthfully completed this Volunteer Application and Agreement. In consideration for this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

- 1) PAWS POLICIES:** I will at all times abide by the mission, rules, regulations, policies, and programs of PAWS while I am a volunteer.
- 2) ASSUMPTION OF RISK, LIMITATION OF LIABILITY & INDEMNIFICATION:** I knowingly assume the risks of being injured or suffering damages (including but not limited to being bitten, scratched, frightened, or otherwise harmed) in connection with my volunteer work with PAWS. Neither PAWS nor its directors, officers, employees, agents, or volunteers are 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 volunteer activities. I will indemnify, defend and hold harmless PAWS, its directors, officers, employees, agents, and volunteers, and its and their heirs, assigns, successors, personal representatives and executors, from and against any claims, lawsuits, injuries, damages, losses, judgments, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for PAWS, or my breach of PAWS's rules, regulations, policies, or programs.
- 3) VOLUNTEER ACCEPTANCE & TERMINATION:** I understand and agree that PAWS may decline my request to volunteer or revoke my volunteer status at any time with or without reason. If I cease being a volunteer for PAWS, or upon request from PAWS at any time, I will promptly return in good condition all property and information belonging to PAWS, including but not limited to keys, supplies, equipment, electronic and/or paper records, and monies. I also agree that the Limitation of Liability & Indemnification provisions listed above will remain in effect even if I am no longer a PAWS volunteer.

4) GENERAL

- a) Any modification to this Agreement must be in writing and signed by both parties. This Agreement is binding upon your and our heirs, assigns, successors, personal representatives and executors.
- b) I explicitly give PAWS permission to add my email address to any email lists used for communication with volunteers.**

Dated: _____

APPLICANT

Signature: _____

Name: _____

CENTRE COUNTY PAWS, INC.

Signature: _____

Name: _____

Title: _____



PAWS Volunteer Request for Community Service Hours

1401 Trout Road, State College, PA 16801, phone 814.237.8722

If you are 18 or older, you must complete this form and also the PAWS Volunteer Application and Agreement Form.

If you are under 18, you must complete this form and your parent or legal guardian must also complete both the PAWS Volunteer Application and Agreement Form and the PAWS Youth Volunteer Permission and Release Form.

Type of community service (school requirement, court order, or other): _____

If "other", please explain: _____

How many community service hours must you complete? _____

When is the deadline by which the hours must be completed? _____

Please provide us with the following information about the teacher/supervisor/judge requiring this service:

Name: _____

Address: _____

City / State / Zip Code: _____

Phone and FAX: _____

Email: _____

When during the week are you able to volunteer? _____

Dated: _____

Signature: _____

Name: _____

If you are under 18, your parent or legal guardian must also sign below:

Signature: _____

Name: _____



PAWS Volunteer Request to Fulfill a Course Requirement

1401 Trout Road, State College, PA 16801, phone 814.237.8722

If you are 18 or older, you must complete this form and also the PAWS Volunteer Application and Agreement Form.

If you are under 18, you must complete this form and your parent or legal guardian must also complete both the PAWS Volunteer Application and Agreement Form and the PAWS Youth Volunteer Permission and Release Form.

Course Title: _____

Is this course (circle one): middle school high school college other

If "other", please explain: _____

How many volunteer hours must you complete? _____

When is the deadline by which the hours must be completed? _____

Are you required to complete a project (written, photographic, film) as part of this course? _____

If "yes", please describe: _____

Please provide us with the following information about the teacher/instructor giving this assignment:

Name: _____

Institution: _____

Address: _____

City / State / Zip Code: _____

Phone: _____

Email: _____

When during the week are you able to volunteer? _____

Dated: _____

Signature: _____

Name: _____

If you are under 18, your parent or legal guardian must also sign below:

Signature: _____

Name: _____