



1204 6th Street, Norco, CA 92860

Volunteer Application

Today's Date: _____

Please Check One: Mr. Mrs. Ms. Miss

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Tel (Home) () _____ - _____ (Bus) () _____ - _____ Cell () _____ - _____

E-Mail: _____

1. Please indicate if you already have an area of special interest or experience:

- | | |
|--|--|
| <input type="checkbox"/> Adoption Counselor/Assistants | <input type="checkbox"/> Community Outreach/Public Relations |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Humane Education Aide |
| <input type="checkbox"/> Health Staff Assistance | <input type="checkbox"/> Office/Clerical Aide |
| <input type="checkbox"/> Surgical/ Vet Technician | <input type="checkbox"/> Grooming/Cleaning |
| <input type="checkbox"/> Doggie Wrangling | <input type="checkbox"/> Walking/Supervising Dogs |
| <input type="checkbox"/> Kennel Care/Clean Up | |

2. Are you volunteering through a referral program? Yes No

3. If Yes, indicate which agency, name of contact person
and number of hours you are required to volunteer: _____ Hours: _____

4. Are you a member of any animal welfare organization? Yes No

5. Did you previously adopt or volunteer with 2nd Chances Rescue? Yes No

6. Languages Spoken: _____

7. Volunteers work at 2nd Chances Rescue is not only animal-related. It also involved constant contact with the public. How do you feel about talking with all kinds of people?

8. Have you any formal education in pet or animal welfare? Yes No
If yes, describe: _____

9. Have you ever volunteered at any other organization? Yes No
If yes, where?

10. Do you have any pets of your own? Yes No
If yes, please list: _____

11. Do you have any special hobbies or skills? _____

12. Do you have any physical, medical, or psychological limitations or disabilities that might hinder you from participating in an area of the program? Yes No

If yes, please explain: _____

13. Are you on any medication? Yes No

14. Date of last tetanus shot: _____

15: What school, if any are you presently attending? _____

16: Please mark you age group: 13-16 16-18 19-65 Over 65

In case of an emergency, please contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Tel (Home) () _____ - _____ (Bus) () _____ - _____ Cell () _____ - _____

Please note the following age rules:

- All volunteers must be 13 years of age or older.
- All volunteers under the age of 16 must be accompanied by an adult at all times
- All volunteers under the age of 18 must have a parent accompany them to the volunteer orientation

In anticipation that you will be accepted into the 2nd Chances Rescue volunteer program, please read and sign the following agreement:

Applicant's Agreement

In signing this application, I understand and agree to the following:

- I authorize **2nd Chances Rescue** to seek emergency medical treatment in case of an accident, illness or injury.
- I agree to abide by the policies and procedures presented to me at the volunteer orientation and training meetings and agree to be supervised by the Director of Volunteer Service.
- If communication problems develop between employees and me, as a volunteer I will report these to the Director of Volunteer Services as soon as possible.
- I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by the California State Workers Compensation Law.

Signature: _____ Date: _____

Printed Name: _____