

Orientation: _____
Training: _____
Parent Confirmation: _____
*Completed by Director of
Volunteer Programs*

Volunteer Application

All information provided is confidential and used solely for TAILS Foundation business. We respect your privacy and will not provide this information to any third party without your express written consent, unless required by law.

Orientation Date _____

Name: _____ E-mail Address: _____

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

Phone #: _____ Preferred Method of Contact: _____

If under the age of 18, please provide your birth date: _____

Do you have any physical or psychological limitations or disabilities (e.g. heart condition, back injury, epilepsy, allergies) that might hinder your participation in the volunteer program?

If yes, please explain: _____

Have you been convicted of a misdemeanor or felony in the last 7 years, excluding minor traffic offenses and juvenile adjudication's? Yes _____ No _____

If yes, please explain: _____

(Conviction may not necessarily disqualify you from volunteering. We may conduct a background check, and if you do not provide complete and truthful information you could be rejected or terminated.)

How did you hear about our Volunteer Program? _____

Why would you like to be a TAILS Foundation Inc volunteer? _____

Do you have any previous volunteer experience or experience working with animals or the public?

If yes, Please describe: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Home Address: _____ City: _____ State: _____

Are you volunteering as part of a school program or Community Service Program? Yes No

If yes, what program? _____

What is your primary interest in volunteering? _____

***PLEASE CHECK ALL AREAS OF INTEREST
(Training and mentoring provided for all positions)***

**Community Center
(Programs & Services)**

- Food4TAILS -Pet Food Bank
- RainbowTAILS -End of Life Services
- TAILS4Life -Medical Care Program
- SeniorTAILS – Helping Seniors

- Resource/Business Center
- Small Animal Care
- WiseTAILS – Educational Classes

**Thrift Store
(no direct animal contact)**

- Greeter & Front Desk Assistant
- Cashier & Customer Service
- Photographer
- Maintenance, Repair & Grounds keeping
- General Services
- Inventory Control

At Home or Offsite

- Foster Care Parent
- Client Service Specialist
- Outreach Adoption Specialist
- Pet Therapy
- Outreach Education Specialist
- Adoption Coat & Blanket Sewing

- Newsletter
- Marketing
- Fundraising
- Special Events & Fundraising
- Other _____

Please refer to the Volunteer Orientation Manual for full descriptions, requirements and time commitment guidelines.

Describe any special skills, or special areas of interest you may have that aren't listed above?

TAILS Foundation Inc.'s Youth Policy

You **MUST** be 18 years old or older in order to handle adoptable animals.
In order to hold dog leashes at **ANYTIME**, you must be 18 years old or older.

You **MUST** be 16 years old or older to be at the Community Center without adult supervision.
If you are under the age of 16 years old, you **MUST** have a guardian with you **AT ALL TIMES**.

TAILS FOUNDATION, INC.

VOLUNTEER AGREEMENT

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

1. I authorize TAILS Foundation Inc (hereinafter “**TFI**”) to seek emergency medical treatment for me in case of accident, injury or illness. I agree to allow **TFI** to contact the emergency contact on this application.
2. I agree to abide by the department policies and procedures presented to me during volunteer training and as updated thereafter.
3. I have read, agree and will abide by the volunteer policies and procedures provided to me by the TAILS Foundation Inc. I understand that constant **direct supervision is not always available to volunteers.**
4. I agree to be supervised by the Director of Operations or designee and will take ideas, constructive comments, suggestions and criticisms directly to the Director of Operations or other supervisor assigned by **TFI**.
5. If communication problems develop between employees or other volunteers and me, as soon as possible I will report these to the Director of Operations.
6. I will direct all “media” requests to the Director of Operations of **TFI**. The term “media” includes all television, radio or print reporters, producers, photojournalists or print media, and/or anyone else associated with these mediums.
7. I agree to allow **TFI** to use any photographs taken of me on **TFI** property or at a special event for public relation purposes.
8. I agree not to provide information to (or about) former owners of animals, adopters of animals, donors, employees or volunteers to anyone unless my supervisor has approved divulging such information.
9. I agree to make a volunteer commitment of at least six months. I understand that the number of hours I volunteer may vary, depending upon which program(s) I am volunteering in.
10. I understand that my volunteer assignment may be terminated at any time at the discretion of the Director of Operations or my supervisor.
11. Volunteers who fail to comply with safety rules will be subject to disciplinary action up to and including termination.
12. I understand that because I may handle animals it is important to discuss the animal related vaccinations, including tetanus, with my physician. I understand that whatever decision I make regarding a tetanus vaccination is at my own risk and release **TFI** from all responsibility that may occur if I am not vaccinated.
13. I will not possess, use, sell or be under the influence of drugs or alcohol while on **TFI** property, premises or while volunteering at **TFI** functions unless specific circumstances occur that are sanctioned by the Board of Directors of **TFI** or their designee.
14. As a condition of being accepted as a volunteer with TAILS Foundation Inc, I agree to maintain a high degree of ethical standards and be law abiding in all respects. I further acknowledge and agree to a background check to determine my driving record and any criminal proceedings against me (when applicable). Should any unethical or illegal behavior be discovered, this could jeopardize my position as a volunteer.
15. I am offering my time and services to **TFI** purely as a volunteer and without any expectation of payment of any kind. I understand I will not be compensated for such services in any way. I hereby waive any claim for wages for time and services volunteered by me.

Volunteer Signature: _____

Date: _____

TAILS FOUNDATION, INC.
VOLUNTEER RELEASE OF LIABILITY

This agreement stipulates conditions under which persons may volunteer for work for TAILS Foundation Inc (hereinafter “TFI”). This document must be signed by the participant volunteer or by a parent or legal guardian if the volunteer is under 18 years old.

1. I _____, hereby acknowledge that I have voluntarily requested to participate in volunteer activities, including but not limited to work at the Thrift Store and Community Center and assistance at special events. I recognize that performing general services for TFI, there exists certain inherent risks involved when working and a risk of injury, including, but not limited to, personal physical harm, injury, illness or disease caused by animals. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify and hold harmless TAILS Foundation Inc, its officers, managers, employees and contractors for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, expenses connected with or arising from my volunteer services and participation in volunteer activities to TFI or my Volunteer Agreement whether caused directly or indirectly by any negligence (active or passive), or other acts or defective conditions attributable to the TFI, its officers, managers or employees. I understand this release does not waive any rights that I may have against any person or entity for claims, whether civil or criminal in nature, which are unrelated to the volunteer duties for TFI.

I AM AWARE THAT THIS ACTIVITY MAY BE HAZARDOUS AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PHYSICAL INJURY RESULTING FROM SAID ACTIVITY.

Volunteer Initials

Parent/Legal Guardian Signature if under 18

2. I understand that TFI is a non-profit and charitable organization, and **will not be paying compensation** of any kind to volunteers. I further understand that my participation as a volunteer, in and of itself, does not render me an employee, independent contractor, or agent of TFI.
3. As lawful consideration for being permitted by TFI to participate in the activities on a volunteer basis, I hereby agree that I, my heir, distributees, guardians, legal representatives and assigns will not make a claim.

I hereby represent that **I have read this entire Agreement and fully understand it to be a release** of all claims, known and unknown, present or future, that I have or may have against the parties released, arising out of the matters described. I execute this Agreement of my own free will and volition, and without reliance on any representation of any kind or character not expressly set forth herein.

Dated this _____ day of _____, 20____.
Day Month

Volunteer Signature

Volunteer PRINTED Name

Parent/Legal Guardian (if volunteer under 18)

Parent/Legal Guardian PRINTED Name