VOLUNTEER ENFOLLMENT FORM

(Please Print)

Section 1 (Basic Information)

Name: _____
First Last

Address: _____
(Street address/No P.O. Boxes)

City: _____ Zip code _____

Primary phone#: ( ) _____ Secondary phone# ( ) _____

Occupation: _____ Work Zip code _____

Email address(es): _____

Birthdate: _____

California driver's license#: _____

Emergency contact: Name: _____ Phone # _____

Do you have any companion animals? ❒ Yes ❒ No

If yes, what type(s): _____

I prefer to help care for a: ❒ Dog ❒ Cat ❒ Other: _____

Do you own a: ❒ Car ❒ Truck ❒ Van/SUV ❒ Bike ❒ Other: _____

I am available:
❒ Mon-Fri days
❒ Mon-Fri Eves
❒ Saturday/Sunday

How did you hear about PAWS/LA?

❒ Radio/Television ❒ Newspaper/Magazine ❒ Friend/Client

❒ PAWS/LA Event ❒ Community Referral ❒ Veterinary Office/Groomer

❒ Other (please specify): _____

Section 2 (Volunteer Opportunities) (check each item of interest)

- ❒ Pet Food Delivery
- ❒ Working in the Pet Food Bank
- ❒ Office support/Answering phones
- ❒ Assisting with fundraising/community outreach
- ❒ Dog walking at client homes
- ❒ Cat feeding/litter box maintenance at client homes
- ❒ Transport pet to/from vet and/or grooming appts.
- ❒ Short-term foster home for a dog
- ❒ Short-term foster home for a cat

Section 3 (Special Skills)

❒ Computer skills ❒ Graphic design ❒ Dog grooming ❒ Other:_____

❒ Handyman skills (e.g. plumber, electrician, carpenter)

Section 4 – Optional & Confidential

To ensure the health and safety of our clients and our volunteers, PAWS/LA will not assign a volunteer who HIV+ to certain tasks where the possibility of infection from a pet may be possible. Therefore the following question is asked on **an optional basis**.

Are you a person living with HIV/AIDS? ❒ Yes ❒No ❒Prefer not to answer

Section 5 – Agreement/Understanding

I understand that confidentiality is of essence when dealing with all PAWS/LA clients and I agree not to discuss in detail my contact with a PAWS/LA client with anyone outside of PAWS/LA. I also understand that I am not to disclose any information regarding a client to anyone other than authorized PAWS/LA staff. Should I be dealing with a client on a regular basis, I will report any problems to PAWS/LA staff immediately. I agree to observe PAWS/LA policies and procedures. If I am providing transportation, I agree to provide PAWS/LA with proof of insurance. I understand that: 1) failure to meet my commitment to clients; 2) any violation of client confidentiality; 3) failure to observe PAWS/LA policies and procedures; 4) abusive behavior towards any PAWS/LA client/staff member/volunteer; or 5) theft from PAWS/LA, a client, staff member or another volunteer will result in the immediate removal of my status as a PAWS/LA volunteer.

I further understand that I, not PAWS/LA, am responsible for my own well-being. If I feel unable to fulfill my responsibilities either because of health or uncertainty of my interaction with a client or companion animal, I will contact PAWS/LA immediately. PAWS/LA is not liable for any injury, physical or mental, which may occur during my volunteer service.

Signature:_____ Date:_____

Additional comments:_____

_____

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For more information, contact John Bilbao
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