



**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)

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

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For more information contact John Meeks, Volunteer/Outreach Coordinator**

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