



Susie's Hope
Volunteer Application Form

1589 Skeet Club Road Suite 102-227
High Point, North Carolina 27265

RETURN COMPLETED APPLICATION TO: susiesrescueadoptions@gmail.com

Check one that applies to you:

- Adult (Age 18 and above)
- Student Volunteer (Age 15 to 17) A parent/guardian must assist you in completion of your application.

Name: _____

Address: _____ Zip code: _____

Telephone: (H) _____ (Cell) _____

Email: _____

Please be as complete as possible in your answers throughout this application.	Please include the name of an individual to contact in the event of emergency:		
	Name		Relationship
	Home Phone	Work Phone	Cell Phone

Volunteer Experience/History:

Skills, training, interests, hobbies, etc. pertinent to "pets" or animals:

Please outline any previous or current experience in working with animals?

What interests you about Susie’s Hope and its mission?

Available Schedule	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/> 8:00 -12:00	<input type="checkbox"/> 8:00-12:00	<input type="checkbox"/> 8:00-12:00	<input type="checkbox"/> 8:00-12:00	<input type="checkbox"/> 8:00-12:00	<input type="checkbox"/> 8:00-12:00	<input type="checkbox"/> 8:00-12:00
Afternoon	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00
Evening	<input type="checkbox"/> 3:00-6:00	<input type="checkbox"/> 3:00-6:00	<input type="checkbox"/> 3:00-6:00	<input type="checkbox"/> 3:00-6:00	<input type="checkbox"/> 3:00-6:00	<input type="checkbox"/> 3:00-6:00	<input type="checkbox"/> 3:00-6:00
References	Reference Name:				Phone Number:		
	Reference Name:				Phone Number:		

Susie’s Hope/Susie’s Hope Rescue Waiver and Release

My services to the Susie’s Hope and/or Susie’s Hope Rescue (SH) are provided strictly in a volunteer capacity, and without any express or implied promise of salary, compensation or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, workers compensation accrual of any form, vacations or sick time.

I fully understand that SH expects high standards of moral and ethical treatment of animals under its care. I will strictly adhere to these standards in my capacity as a volunteer. I will follow the policies, procedures and safety precautions of SH, and follow the instructions/directions of the SH staff. I understand that SH, without notice, may terminate my services as a volunteer at any time, with or without reason.

I understand the potential safety risks of working with animals and of bringing home illnesses from the shelter to personal pets. I will practice reasonable health hygiene and adhere to the hygiene policies of SH. I will not bring unapproved guests or family members to SH while I am on duty. I understand that the handling of animals as well as other SH volunteer activities may place me in a hazardous situation and could result in injury to me and/or my personal property.

On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless the Susie’s Hope, Susie’s Hope Rescue and its directors, officers, employees and agents from any and all claims, causes of actions and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities on behalf of SH.

<p>Waiver</p>	<p>Include your initials and today's date within the spaces next to each statement to acknowledge you have read them. <u>If you are under the age of 18, a parent or guardian must initial and date at the right.</u></p>	
	<p>I understand that because I, or my child (if applicant is younger than 18) may handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release the Susie's Hope/Susie's Hope Shelter from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk.</p> <p>Have you received a tetanus shot? <input type="checkbox"/> Yes <input type="checkbox"/> No Date received: _____</p>	<p>Initial</p>
<p>In the event of an emergency, I hereby give the Susie's Hope/Susie's Hope Rescue permission to seek medical attention for me or my child (if applicant is younger than 18). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Primary Doctor: _____</p> <p>Primary Doctor's Phone Number: _____</p>	<p>Initial</p>	
<p>I acknowledge and understand that as a volunteer of the Susie's Hope/Susie's Hope Rescue, I or my child (if applicant is younger than 18) is not covered by the Susie's Hope/Susie's Hope Rescue workers' compensation or any other insurance policy for any damages or injuries I or my child may sustain during volunteer activities. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date</p>	
<p>I give permission for the Susie's Hope/Susie's Hope Rescue to photograph me or my child for use in any Shelter publication for educational or advertising purposes the Shelter may designate. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Initial</p>	
	<p>Date</p>	

If you are under the age of 18, we must have a parent/guardian signature on this form. Thank you.

Printed Name	
Volunteer Signature	Date:
Parent/Guardian Printed Name	
Parent/Guardian Signature	Date:
Parent/Guardian Home/Cell Phone:	Work Phone:

Susie's Hope/Susie's Hope Rescue is an Equal Opportunity Employer and fully supports and maintains compliance with state, federal, and local regulations. Susie's Hope/Susie's Hope Rescue prohibits discrimination against employees or volunteer applicants because of race, color, religion, sex, sexual orientation, age, ancestry, national origin, veteran status, pregnancy, disability, marital status, or other characteristics protected by law. A violation of this policy by an employee is subject to disciplinary action, up to and including termination.

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