



**SPAYSA
VOLUNTEER APPLICATION**

PLEASE PRINT CLEARLY! (Information will not be sold or given outside of SpaySA.)

Full Name: _____
Last *First* *MI.*

Address: _____
Street Address *Apartment/Unit#*

City: _____ State: _____ Zip code: _____

Phone: (____) _____ / _____ Email: _____
Primary *Alternate*

Special Skills/Occupation: _____

There are so many ways you can help! Please indicate your interests:

Clinic Attendant

Clean kennels, prepare surgical packs, laundry, assist vet techs, etc.

Humane Education

Sharing general knowledge through education presentations for children and adults.

Clinic Assistant

Vet Tech experience and interview is required.

Clerical/Office Assistance

Employer: _____ Position: _____

May we contact you at work? ___Yes ___No Date of Birth: _____

Why do you want to volunteer at SpaySA? _____

How did you learn about our Volunteer Program? _____

Have you worked with animals, and if so, in what capacity? _____

Do you have any physical, medical or psychological limitations or disabilities (e.g. heart condition, mental illness, allergies, back injuries, epilepsy, pregnancy, etc.) that would limit your ability to volunteer? If yes, please explain: _____

(Failure to disclose any limitations prior to acceptance will result in dismissal from the volunteer program.)

Have you ever been convicted of a crime causing harm to a person or animal? ___Yes ___No

Excluding a traffic violation, have you ever been convicted of any criminal offense? ___Yes ___No
If yes, please explain: _____



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VOLUNTEER RELEASE FORM**

I agree to release, discharge, indemnify and hold SPAYSA harmless for any and all damages to my personal property while performing my services to SPAYSA in a voluntary capacity. I recognize that handling animals for SPAYSA, while performing my volunteer services, there exists a risk of injury including personal physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless SPAYSA, its agents and servants from any and all claims, causes of action or demands, of any nature or cause connected with my Volunteer Release Agreement. This might include costs and attorney fees and court costs incurred by SPAYSA in connection with my volunteer services based on damages or injuries, which may be incurred or sustained by me in any way. Such damages or injuries might include but are not limited to animal bites, accidents, injuries, and personal property damage.

I understand that public relations are an important part of volunteering for SPAYSA. I, therefore, agree on behalf of myself, my heirs, personal representatives and executors to allow SPAYSA, to use any photograph taken of me for use in public relations efforts. SPAYSA will use reasonable efforts to inform me, but such notification is not a condition of the photographs released for public relations purposes.

I agree to become familiar with the policies and procedures of SPAYSA. I will fully comply with the letter and the spirit of these procedures.

I fully understand and agree that SPAYSA expects high standards of moral and ethical treatment of animals under its care. I agree to adhere to these standards in my volunteer capacity with SPAYSA.

I fully understand and agree that either for failure to fully comply with any and all obligations outlined in this Volunteer Release Agreement, or for any reason whatsoever, while performing my volunteer services to SPAYSA in a volunteer capacity, SPAYSA may at its sole discretion terminate my services.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing volunteer release agreement and will comply with the same.

Volunteer Signature: _____ Date: ____/____/____

Volunteer Name (Please Print): _____

Address: _____ Apt: _____

City: _____ ST: ____ ZIP: _____

Phone: _____ Cell: _____

E-mail: _____

Parent or Legal Guardian of 17 years and younger

As a parent or legal guardian of the above named volunteer, I hereby give my consent to allow my (child, ward) to perform volunteer services for SPAYSA as described within the Volunteer Release Agreement. I have read this Volunteer Release Agreement and fully understand its terms and conditions as set out in this Volunteer Release Agreement.

Parent/Legal Guardian _____ Date ____/____/____

SPAYSA Rep _____