VOLUNTEER APPLICATION FORM

Orphans of the Storm P.O. Box 838, Route 85 East Kittanning, PA 16201



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Welcome to Orphans of the Storm!

We are glad to have you as a volunteer!
We rely heavily on volunteers to help achieve our mission.
Donating time at our shelter can be as rewarding for the volunteer as it is for the animals.
Please complete the following volunteer application and sign the waiver of liability, found on the other side.

Name:		Date:		
Street:	City:	State:	Zip:	
Phone:	e-mail: _			
Date of Birth:		(Under 18 must have parental si	gnature and be accompanied by adult.)	
What area(s) of volunteering are you interest	sted in serving?			
 □ Dog Walking □ Cat Socialization □ Pittsburgh Mills PetSmart Cats □ Foster Homes □ Offsite & Special Events 		 □ Office Assistance/Data Entry □ Photography, Videos □ Animal Transport □ Pet Therapy for Patients 		
Do you prefer working with: ☐ Dogs	☐ Cats	□ Both		
Special skills:				
Previous volunteer experience:				
Where did you hear about Orphans of the S	torm?			
In case of emergency notify	Н	ome Phone:	Work Phone:	

ORPHANS OF THE STORM VOLUNTEER AGREEMENT

As an Orphans of the Storm (OOS) volunteer, I agree to:

- Hold as absolutely confidential all information that I may obtain, directly or indirectly, concerning clients and staff. I agree not to seek to obtain confidential information form any client. Disclosure of confidential information may result in being asked to not volunteer any longer.
- Become familiar with OOS' policies and procedures and uphold its philosophy and standards.
- Donate my services to OOS without contemplation or compensation, benefits, or future employment.
- Be punctual and conscientious; conduct myself with dignity, courtesy, and consideration for others.
- Dress appropriately and maintain a well-groomed appearance for my particular volunteer assignment.
- Attend orientation and in-service training as scheduled and needed.
- Carry out my volunteer assignment and take any volunteer related concerns, problems, or suggestions to the shelter manager or shelter supervisor on duty that day.
- Notify the shelter manager if I choose to discontinue my volunteer service at OOS.
- Notify the manager or shelter office staff on duty that day if I cannot help with a planned program in time to let them find a replacement for me.
- Return any OOS animal in my care to the shelter when requested.
- Allow my picture and name to be used for public relations, and educational purposes in materials such as, but not limited to, newsletters, brochures, newspaper articles, educational videotapes, and Web sites.

I understand OOS manager or board members reserves the right to terminate my volunteer status as a result of:

- Failure to comply with the organization's policies, rules and regulations.
- Unsatisfactory attitude, work or appearance.
- Any other circumstances which, in the judgment of the manger or board members who would make my continued service as a volunteer contrary to the best interest of myself or OOS.

I understand that handling animals and other volunteer activities may place me in situations that could result in injury to me or my personal property. On behalf of myself, my heirs, personal representatives, and my assigns, I hereby release, discharge, indemnify, and hold harmless Orphans of the Storm and its directors, officers, employees, volunteers, and agents, and Rayburn Township Joint Water Authority from any and all claims, causes or action and demands of any nature, whether known or unknown, from and against any and all liability and/or obligations for any injury or damages to any person or property, and from any cause of action, claim or demand arising out of or in connection with any volunteer activities on behalf of the animal shelter.

By signing below, I agree that I have read and thoroughly understand this agreement and each of the conditions and my signature below indicates that I agree to be legally bound by them.

Signature of Volunteer:	Date
Signature of Parent/Guardian (if applicable):	
Shelter Manager or Asst. Manager's Signature	

(Over)