

Application for Volunteer Employment

Name:		Date:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Home Address:		Apt. #
City:	State:	Zip:

Availability: Please indicate the days you are available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the times you prefer to work:

List all special skills, training and experience:

How did you hear about The Simon Foundation, Inc.?

Why are you interested in becoming a volunteer?

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What type of volunteer work are you interested in?

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Describe present and previous volunteer jobs:

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Describe previous experience working with animals:

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References: Please list two (2) references, who are not family members

1.

Name:
Home Phone:
Work Phone:
Cell Phone:

2.

Name:
Home Phone:
Work Phone:
Cell Phone:

Bethlehem, CT

202 Crane Hollow Road
Bethlehem, CT 06751

**The Simon Foundation,
Inc.**

203-266-6000

www.thesimonfoundation.org

Bloomfield, CT

87 West Dudley Town Road,
Bloomfield, CT 06002-1315

Volunteer Agreement

Terms and Conditions:

My services to The Simon Foundation, Inc., an animal shelter, are provided strictly in a voluntary capacity as a volunteer, 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, worker's compensation accrual in any form, vacations, or sick time.

I will familiarize myself and comply with the policies and procedures of The Simon Foundation, Inc., that are applicable to volunteers. In particular, I fully understand that The Simon Foundation, Inc. expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a volunteer. I will follow the policies, procedures, and safety precautions of the animal shelter, and follow the instructions/directions of the staff. I understand that The Simon Foundation Inc., without notice or hearing, 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 The Simon Foundation, Inc. I am covered by a health insurance plan, and I am current on my tetanus vaccination.

I will not bring unapproved guests or family to the animal shelter while I am on duty.

Release:

I understand that the handling of animals and other volunteer activities on behalf of The Simon Foundation, Inc. may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless The Simon Foundation, Inc. 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 The Simon Foundation, Inc. Understanding that public relations are an important part of a volunteer's activities, I hereby authorize The Simon Foundation Inc. to use any photographs of me in its possession for public relations purposes.

If you are under 18 your parent or legal guardian must sign this form prior to your volunteering.

By checking the "I Agree" box, I hereby accept these TERMS and CONDITIONS.

I Agree

I Disagree

Signature of Volunteer Applicant

Date

Signature of Parent or Guardian (if applicant is under 18)

Date