

# Euclid Animal Shelter Volunteer Application and Profile

Thank you for your interest in volunteering at the Euclid Animal Shelter. We would appreciate it if you would take the time to complete the following questionnaire. This will help us to use your experience in the best way possible.

## PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

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Name (Please Print)	Home Phone	Work Phone
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Address (Street, City, State, Zip) \_\_\_\_\_

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Email \_\_\_\_\_

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Emergency Contact	Phone	Relationship
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Do you have a valid Ohio driver's license?  Yes  No License # \_\_\_\_\_

Are you willing to use your personal car to transport animals if necessary?  Yes  No

If yes, is your car covered by liability insurance?  Yes  No

If yes, who is your insurance policy carrier? \_\_\_\_\_ Policy # \_\_\_\_\_

## TELL US ABOUT YOURSELF

Why would you like to volunteer? \_\_\_\_\_

Much of what is done in the shelter has to do with general maintenance such as cleaning the cages, yard work, office work, etc. Is there any particular area that you would not like to work in? Please explain.

Is there any particular area you would prefer to work? \_\_\_\_\_

Is there any job that you feel you have experience with that would be of particular value to us?

Have you volunteered in an animal shelter before? Where? When? What was your job?

Our goal is to have volunteers that come in when scheduled, sign in, check the "to do" list and start working right away. Do you see yourself as someone that can do this?  Yes  No

We will have a general schedule of tasks set up for each day in priority order. Are you willing to start with what is first on the list?  Yes  No If no, please explain \_\_\_\_\_

Do you own any animals? What kind? \_\_\_\_\_

**AVAILABILITY**

How much time can you devote to the Euclid Animal Shelter on a regular basis:

\_\_\_\_\_ Days per Week \_\_\_\_\_ Approximate amount of time per visit

What particular days and times are you available? Please circle all those that fit your schedule.

Monday	am / pm	Thursday	am / pm
Tuesday	am / pm	Friday	am / pm
Wednesday	am / pm	Saturday	am / pm

- I would also be interested in helping with special projects or events that would be different from my normal volunteer hours.
- I cannot commit to a regular schedule – call when you need me for a special project or event.

**AGE DISCLOSURE AND MEDICAL INFORMATION**

I am at least 18 years old  Yes  No Age, if under 18: \_\_\_\_\_

Volunteers under age 18 are required to get permission from a parent or guardian.

When working with animals, it is recommended that you have a current tetanus vaccination. Tetanus vaccinations are good for ten years. Date of your last Tetanus shot \_\_\_\_\_ .

Do you have any medical conditions we need to be aware of while you are volunteering?  Yes  No  
If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOLD HARMLESS CLAUSE**

I, \_\_\_\_\_, would like to volunteer at the Euclid Animal Shelter located at 25100 Lakeland Blvd., in the city of Euclid, Ohio. I understand that as a Volunteer, I will receive no compensation, nor will I be covered by any insurance plan other than my own. I also understand that as a Volunteer I assume the risk of possible accident or injury while performing my duties either on or off the premises. I hereby release the Euclid Animal Shelter and the City of Euclid and its employees from any liability whatsoever while acting as a Volunteer for the Euclid Animal Shelter.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Signature if Volunteer is under 18 years of age: \_\_\_\_\_

Witness: \_\_\_\_\_

Again, thank you for your interest in the Euclid Animal Shelter. We look forward to speaking with you soon.

Please return completed form to: Euclid Animal Shelter  
25100 Lakeland Blvd.  
Euclid, Ohio 44132  
216-289-2057