

Sitka Animal Shelter Volunteer Application

The purpose of the Sitka Animal Shelter is to provide a safe community for both our citizens and pets, and to promote responsible ownership for our domestic animals through education and enforcement.

We encourage participation of those people who have a desire to support our purpose and are willing to be interviewed and trained. We kindly request a minimum commitment of 6 months of volunteer participation. The information provided by completing this application will enable us to direct you toward the most appropriate and rewarding volunteer opportunity!

Applicant Information

Name (first, middle initial, last)		Date of Birth
Home Phone	Cell Phone	
Street Address	City, State	Zip
Mailing Address (if different)	Email Address	

Are you a student? • Yes • No

If yes, what school do you attend? _____

Are you currently employed? • Yes • No

If yes, who is your employer? _____

Do you have any previous volunteer experience? • Yes • No

If yes, where have you volunteered? _____

Have you ever been convicted of a crime, excluding minor traffic offenses and juvenile adjudications?

Yes • No

If yes, please explain: _____

If you are under 18 years of age, an adult who has gone through the training must accompany you while you're a volunteer.

Name of adult who will accompany minor: _____

Phone Number: _____ Email Address: _____

Volunteering at the Shelter

What are your primary interests in volunteering at the shelter? (check all that apply)

- Cat socialization
- Dog socialization & walking
- Cleaning cat kennels
- Cleaning dog kennels
- Fundraising
- Outreach/Education
- Fostering
- Clerical
- Other: _____

How many hours are you willing to commit to volunteering at the Sitka Animal Shelter?

_____ hours/week -OR- _____ hours/month

Availability	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Mid-day							
Afternoon							
Evening							

Why have you chosen to volunteer at the Sitka Animal Shelter?

What is your experience with animal care? (please include any pets you currently have)

Health and Safety

Do you have any allergies? • Yes • No

If yes, please list and explain:

Do you have any physical or other disabilities that may require special consideration in order for you to perform your volunteer duties? • Yes • No

If yes, please explain:

Emergency Contact

Name (first, middle initial, last)		
Relationship to you	Cell Phone	
Street Address	City, State	Zip
Email Address		

Thank you for your interest in volunteering at the Sitka Animal Shelter!

As a volunteer for the Sitka Animal Shelter, I fully understand that the shelter **does not** provide volunteers with medical or workers compensation. The City of Sitka and the Sitka Police Department cannot be held liable should I become sick, injured, or disabled while performing activities as a volunteer.

Volunteer Applicant

Signature: _____ Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Sitka Animal Shelter Employee

Signature: _____ Printed Name: _____

Date: _____ Orientation/Training Date: _____

Key Given: _____ Security System # Given: _____

Sitka Animal Shelter Adult Volunteer Release
(18 years or older)

I, _____, agree to perform duties for the Sitka Animal Shelter. I acknowledge and agree that activities performed by me as a volunteer are strictly on a volunteer basis, without any compensation or benefits, including without limitation, workers' compensation benefits. I agree to follow and comply with the rules and regulations established by the Sitka Animal Shelter and acknowledge that failure to do so may result in immediate removal as a volunteer.

I am aware of the nature of the activities to be performed as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease may occur. I agree that all volunteer activities are performed by me at my own risk and that I assume full responsibility therefore.

On behalf of myself, my heirs and personal representative, I agree not to hold or attempt to hold the Sitka Animal Shelter or the City and Borough of Sitka, their officers or employees responsible for any injury or damage sustained or incurred by me arising out of or in any way connected with my activities as a volunteer for the Sitka Animal Shelter and hereby release and discharge the Sitka Animal Shelter and the City and Borough of Sitka, their officers and employees from any and all claims, demands, causes of action of any nature or cause or for any such injury or damage incurred or suffered by me.

Signature of Volunteer

Date

Physical Address

Mailing address

Parent Consent Form
Minor Volunteer Release
(17 years or younger)

I, _____, being the parent or legal guardian of _____, (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for the Sitka Animal Shelter. I acknowledge and agree that activities performed by the Minor as a volunteer will be strictly on a volunteer basis, without any compensation or benefits, including without limitation, workers' compensation benefits. I agree and understand that the Minor must follow and comply with the rules and regulations established by the Sitka Animal Shelter and acknowledge that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease may occur. I agree that all volunteer activities are performed by the Minor at the Minor's risk and that I assume full responsibility therefore.

On behalf of myself and the Minor, our heirs and personal representatives, I agree not to hold or attempt to hold the Sitka Animal Shelter or the City and Borough of Sitka, their officers or employees responsible for any injury or damage sustained or incurred by the Minor arising out of or in any way connected with the Minor's activities as a volunteer for the Sitka Animal Shelter and hereby release and discharge the Sitka Animal Shelter and the City and Borough of Sitka, their officers and employees from any and all claims, demands, causes of action of any nature or cause or for any such injury or damage incurred or suffered by the Minor.

Signature of Parent/Legal Guardian

Date

Physical Address

Mailing address