SECOND CHANCE

Animal Adoption, Inc.

6647 Lincoln Street, Bonners Ferry, ID 83805

208-267-7504

**Volunteer Application**

Thank you for your interest in becoming a volunteer for Second Chance Animal Adoption (SCAA). Please fill out the application below and return it to us. After completing this application, the staff will discuss what volunteer opportunities are available to you.

It is our hope that the time you donate to SCAA will prove worthwhile and rewarding to you. Volunteers are greatly appreciated because they help improve the quality of care and services we can provide to the animals in our care.

If you have any questions, please contact a member of our staff at (208) 267-7504.

PLEASE NOTE YOU MUST BE 18 YEARS OLD TO VOLUNTEER WITH DOGS AND 16 YEARS OLD TO VOLUNTEER WITH CATS.

YOU MUST BE 18 YEARS OLD TO VOLUNTEER WITHOUT A PARENT’S WRITTEN PERMISSION.

|  |  |
| --- | --- |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Birthdate: |  |
| Address:  |  |
| City: |  | State |  | Zip: |  |
| Home phone: |  | Work phone: |  | Cell: |  |
| e-mail address: |  |
| Are you currently a student? |  |  | If so, where? |  |
| Are you currently employed? |  |  | If so, where? |  |
| Describe any previous or current volunteer positions: |  |
|  |
|  |
| Describe your experiences working with animals: |  |
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|  |
| Do you carry medical insurance? |  | Who is your carrier? |  |  |

**Volunteer Agreement**

I agree with the mission of SCAA as stated below:

We strive to act as faithful stewards for all abandoned, lost, homeless, and abused animals entrusted to our care in Boundary County with the ultimate goal of finding lifelong, loving homes for every one.

I have read and will abide by the volunteer rules. If I should violate the rules, I may be asked to resign my volunteer position.

I recognize that all reasonable precautions are taken to assure the safety of volunteers at the shelter and at SCAA functions off-site. I understand I may be working with and around animals and that animal behavior is not entirely predictable. I will not hold SCAA responsible for any injuries or accidents, which could occur while volunteering for SCAA either on or off-site. I give SCAA permission to verify any information I have provided in this application.

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| --- | --- | --- |
|  |  |  |
| Volunteer Signature |  | Date |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent or Guardian Signature (if volunteer is under 18) |  | Date |  |

**Volunteer Agreement**

Please check Volunteer services you would enjoy doing for SCAA:

|  |  |
| --- | --- |
|  | Special Events (Boundary County Fair, Halloween Event, etc.) |
|  | Fostering Puppies and Dogs |
|  | Fostering Kittens and Cats |
|  | Yardwork |
|  | Kennel Maintenance |
|  | Dog Walking |
|  | Thrift Store |
|  | Other: |  |

Staff Comments:

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