



Everett Animal Shelter Volunteer Application

Personal Information

Date: _____
 Name: _____ Date of Birth: _____
 Address: _____ City: _____ ZIP: _____
 Home Phone: _____ Best time to reach you? _____
 Cell Phone: _____ Email: _____
 Occupation: _____ Employer/School: _____
 Emergency Contact Name: _____ Relationship: _____
 Emergency Contact Phone Number(s): _____

Volunteer History

Please explain briefly what you hope to gain by volunteering at Everett Animal Shelter: _____

Have you been referred to the Everett Animal Shelter to complete community service hours for your school?
 ___ No ___ Yes If yes, please note your school: _____ # hours _____

**Please note that court-ordered community service cannot be accommodated through this volunteer program; please speak with the program coordinator to discuss your options.*

Have you volunteered or worked for the Everett Animal Shelter before? ___ Yes ___ No
 If so, when and in what capacity? _____

Please describe any training or experience you've had that would help you in your volunteer experience:

Are you a member of any animal welfare organizations? If so, please list: _____

How did you hear about this volunteer opportunity? _____

Volunteering at EAS

Everett Animal Services requires volunteers to make the commitment of working one shift each week for a minimum of three (3) months, though of course volunteers in good standing are welcome to stay as long as they'd like. Volunteers under the age of 18 must be a part of our Junior Volunteer Program, in which they volunteer with a parent or guardian partner for a minimum of three months, or until such time as we are able to assess their ability to work independently.

EAS does allow unaccompanied teen volunteers to participate in our Teen REP program; please ask about additional requirements for participation in this program.

Areas of Service

Please indicate below which volunteer opportunity you're most interested in, rating them in order from 1-5, with 1 indicating 'most interested' and 5 indicating 'least interested'

- _____ **Dog Walking:** Walk dogs on leash in our fenced exercise yard, providing training and socialization to increase adoptability during the animals' stay at our shelter; help with laundry and dishes
- _____ **Kennel Assistance:** Train and socialize the dogs in the shelter to increase their adoptability, assist members of the public looking to adopt a new companion; provide care to small mammals, help with laundry and dishes
- _____ **Cat Room Assistance:** Socialize the cats and small mammals in the shelter and assist members of the public looking to adopt a new companion; provide care to small mammals, help with laundry and dishes
- _____ **Pet Detective:** Assist members of the public looking for lost pets; check and compare lost and found reports, internet lost and found reports; and escort visitors to stray hold areas to claim their lost companion
- _____ **Critter Team:** Provide care to the variety of small animals (rabbits, birds, guinea pigs, etc) who come to EAS; provide out-of-cage play time, enrichment in addition to cleaning and feeding
- _____ **Greeting:** Assist members of the public visiting the animal shelter by answering questions, and directing them to their destination; operate ID tag machine to help provide identification to owned animals
- _____ **Adoption Promotion Assistance:** Take digital photos of animals awaiting adoption, upload them to the internet with cute and descriptive write-ups to promote the animals to potential adopters
- _____ **Outreach & Events Assistance:** Participate in community events all over the Puget Sound area to promote the work of the Everett Shelter and to adopt out animals in need of new permanent and loving homes
- _____ **Volunteer Program Assistance:** Provide administrative support to the volunteer program at EAS with data entry, filing and paperwork support
- _____ **Transport Team:** Help EAS with the transfer of animals to our placement partners throughout the Puget Sound by using your own vehicle to transport animals to other shelters and/or rescue groups on an on-call basis
- _____ **Teen REP:** Unaccompanied teens may participate in this Reading Enrichment Program to read aloud to the dogs in our care to reduce stress common in sheltered dogs
- _____ **Veterinary Clinic Assistance:** Assist the medical team with various tasks in the shelter's spay/neuter clinic (experienced volunteers only)
- _____ **Foster Care:** Provide a temporary home to animals who need a bit of time and extra TLC before being made available for adoption and going to their new homes
- _____ **ARF:** Provide assistance with marketing and fundraising with EAS' non-profit group, the Animal Rescue Foundation.

Availability

Volunteers are able to work between the hours of 8 am-5:30 pm Monday-Friday; 8 am-4:30 Saturday; and 8 am-3:30 on Sundays. Please indicate your hours of availability below.

Weekdays (specify which days of the week) _____

_____ Mornings (8-11)	_____ Afternoons (11-3)	_____ Evening (3-5:30)
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Saturdays

_____ Mornings (8-11)	_____ Afternoons (11-3)	_____ Evening (3-5:30)
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Sundays

_____ Mornings (8-11)	_____ Afternoons (11-3)	_____ Evening (3-5:30)
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This application is the first step in a process towards becoming a volunteer for Everett Animal Services. All volunteers must attend an orientation, pass a Washington State Patrol background check, and complete the training program before becoming official members of the volunteer team.

I understand that background inquiries will be made and should investigation at any time disclose any misrepresentation or falsification, my application may be rejected, or I may be dismissed from service at EAS. I certify that all information included on this application is true and complete to the best of my knowledge and belief.

Signature of Applicant Date

Signature of Parent or Guardian (if under 18) Date

Return in person or by mail to Everett Animal Services, 333 Smith Island Rd, Everett WA 98201 or by email to hhager@ci.everett.wa.us



Volunteer Application Form

Please complete this application form if you are interested in becoming a Seattle Animal Shelter volunteer. Once you complete the form, click the submit button at the bottom. If your application and ability match the shelter's needs, you will be invited to an Shelter 101 session. Incomplete applications will not be accepted.

PLEASE NOTE: The shelter receives many more application than can be accepted.

Contact Information

Please fill this section out as completely as possible. Your information will not be sold or distributed unless required by law.

First name: *

Last name: *

Title: Choose

Nickname:

Street 1: *

Street 2:

City: *

State: Choose * Zip: *

Primary phone: * OK to call me here

Secondary phone: OK to call me here

Email address: *

Date of birth: Month Day Year *

How did you learn about our program?: Choose *

Performing Court-Ordered Service?: Choose *

* Can you commit to 6 months with SAS?: No Yes

* Can you commit to 8 hours a month?: No Yes

Other than a simple love for animals, please explain why you would like to become a Seattle Animal Shelter Volunteer in at least two sentences. Also, please describe any previous experience as a volunteer.

Demographic Information

You may optionally provide the following information.

Gender: Choose

Education:

Race:

Driver's license number:

If you have any physical or mental limitations that may effect your ability to volunteer at the Seattle Animal Shelter, please list them here.

Criminal History

This section specifically refers to crimes against persons as defined by RCW 9.94A.411 or crimes against animals as defined by SMC Chapter 9.25.081 or RCW Chapter 16.52.

Have you ever been convicted of, received a dispositional continuance on, a deferred sentence on, or reached a plea deal regarding crimes against people or animals?

Email Preferences

We like to keep volunteers informed of important news, schedules, and volunteer opportunities by email, however will not send you any email you prefer not to receive. Use the checkboxes below to select the kinds of email you would like to receive from us.

What kinds of email would you like to receive?

- General Announcements**
**If you uncheck this box, you may not receive your new volunteer invitation email. This is the primary mechanism of sending out announcements, congratulations and important information about what is happening at the shelter.
- Help Needed**
Recruitment appeals notify volunteers of new volunteer opportunities associated with the Seattle Animal Shelter's volunteer program.
- Foster Parent Information**
These emails notify general volunteers of animals in need of foster care and upcoming foster training.
- Adoption Reports**
This report is sent out monthly and contains a list of all animals adopted out by the SAS in the previous month.
- New Volunteer Emails**
This type of email lets applicants know about their volunteer status.
- Schedule reminders**
A reminder email of when you are scheduled to volunteer at the SAS.

Skills and Experience

In which of these areas do you feel you have moderate to excellent skill? Check all that apply.

- * Skills:
- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative Skills | <input type="checkbox"/> Advertising | <input type="checkbox"/> Biography Writing |
| <input type="checkbox"/> Can run a 9-minute mile | <input type="checkbox"/> Community Relations | <input type="checkbox"/> Counseling/Peer Listener Experience |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Events Coordination | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Grooming | <input type="checkbox"/> Handling - Cats |
| <input type="checkbox"/> Handling - Dogs | <input type="checkbox"/> Handling - Reptiles | <input type="checkbox"/> Handling - Small Mammals |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Photography | <input type="checkbox"/> PR |
| <input type="checkbox"/> Professional Dog Trainer | <input type="checkbox"/> Professional Human Trainer | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Vet Tech | <input type="checkbox"/> Website Design | |

Please tell us more about the skills that you have checked above. Include information about professional

experience in these skills, training classes you have taken or other relevant experience that relates to these skills.

Team Preference

Please rank up to two team preferences for your volunteer work at the Seattle Animal Shelter. Preference will be given to individuals whose availability matches an opening within the team. Find more information on the teams at <http://www.volgistics.com/ex/portal.dll/OD?FROM=14447>

* Program Preference: 1st choice: 2nd choice:

Please explain why you chose the team that you chose. If you have special skills that apply to the team, please let us know. Also, if you were referred to this team by a current SAS volunteer, note that here.

Dog Handling Experience

* Dog Handling Experience: Have large dog experience (35lbs.+), Have owned a dog, No dog handling experience, Willing to handle pit bulls, Work in a dog-related profession

* Dog Handling Ability: I am a Fair Dog Handler, I am a Good Dog Handler, I am a Very Good Dog Handler, I am an Excellent Dog Handler, I have no experience handling dogs

Largest dog you have regularly handled: 0-20 lb., 20-35 lb., 35-50 lb., 50-75 lb., 75 lb. or above

How often did you work this dog?: Daily, Yearly, Monthly, Weekly

Our dog teams are our most popular eventhough shelter dogs can be exuberant and untrained. Anything else you would like to tell us about your skills?

Availability

Please indicate the days and times you are available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>						
Afternoon:	<input type="checkbox"/>						
Evening:	<input type="checkbox"/>						

My availability is: *
From:

to: Month Day Year

References

Please list anyone that can act as a reference for your volunteer interest such as SAS volunteers, current volunteer managers or current employers, to name a few.

1	2
Employer name: <input type="text"/>	Employer name: <input type="text"/>
First name: <input type="text"/>	First name: <input type="text"/>
Last name: <input type="text"/>	Last name: <input type="text"/>
Primary phone: <input type="text"/>	Primary phone: <input type="text"/>
Email address: <input type="text"/>	Email address: <input type="text"/>
Relationship: <input type="text" value="Choose"/>	Relationship: <input type="text" value="Choose"/>
Have you ever volunteered or worked for an animal welfare organization of any type? If yes, please provide the name of the organization.	
<input type="text"/>	

Emergency Contact

In the event of an emergency whom should we notify?

First name: *

Last name: *

Title:

Street 1: *

Street 2:

City: *

State: *

Zip: *

Primary phone: * OK to call here

Secondary phone: OK to call here

Email address:

Relationship: *

Employer Information

Please list your current or most recent employer, if applicable.

Employer name:

City:

State:

Zip:

Does your employer have a donation program that requires volunteer hours?

Volunteer Information Center

We provide an online "Volunteer Information Center" where volunteers may check their schedules, update their information, and receive messages. Please select the password you would like to use to access the online Volunteer Information Center. NOTE:

Passwords may only contain letters and numbers.

Please enter a password that:

- Is between 6 and 30 characters long

Password: *

Confirm password: *

Allow other volunteers to see when I am scheduled

Volunteer Agreement and Liability Waiver

I understand and agree that submitting this application form does not automatically register me as a Seattle Animal Shelter volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures to continue volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

The City of Seattle, acting by and through its Department of Finance and Administrative Services (called the "Department" herein), and I (called the "Volunteer" herein), agree as follows:

1. The Department shall:

- Provide the Volunteer with such training, supervision, staff support, work space, uniforms, and materials as the Department deems necessary to enable the Volunteer to perform his/her donated support services;
- Provide the Volunteer limited excess medical insurance for an on-the-job injury on a reimbursement-basis to the Volunteer for claims arising out of the Volunteer's service;
- Provide Volunteer with authorization to drive a City vehicle when required to do so in performing official City business at the request of the Department and provide self insurance, in excess of the Volunteer's personal auto liability insurance coverage, which shall be in force only during such times that the Volunteer is acting in a bonafide capacity, subject to proof of valid Washington State Driver's License and proof of personal auto liability insurance coverage. In the event a claim or legal action arises out of an accident involving Volunteer's authorized use of a City vehicle, the Department will request such action be defended by the City's Corporation Counsel, in accordance with provision of Seattle Municipal Code 4.64.100.

2. The Volunteer shall:

- Spend a minimum of eight (8) hours per month for six (6) months performing volunteer service;
- Abide by and conform to Department and City policies relative to appearance, discipline, attendance, caliber of work, and written and oral directives;
- Be personally responsible for prompt and accurate recording of his/her hours of actual work on electronic or paper forms provided by the Department;
- Notify the Department when circumstances dictate termination of his/her volunteer service if prior to the date agreed upon in Section 3;
- Indemnify and hold the City of Seattle free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, and judgment of every kind and description which may occur to or be suffered by the Volunteer by reason of activities arising out of this agreement.
- Provide a copy of a current Washington State Driver's License and a copy of the personal auto liability insurance coverage prior to driving a City vehicle.

3. This agreement will be terminated upon written or oral notice by either party to the other.

4. This agreement can be terminated upon determination that any information provided in this application is not factual in nature.



I Agree

Continue

Seattle Animal Shelter Home | Privacy policy



Foster Care Application and Agreement

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

(Circle preferred method of contact)

What type of animal(s) would you like to foster?

- | | |
|---|---|
| <input type="checkbox"/> Sick cats/kittens | <input type="checkbox"/> Sick/injured dogs/puppies (please Circle) |
| <input type="checkbox"/> Kittens needing to gain weight, be socialized, and grow older. | <input type="checkbox"/> Puppies needing to gain weight, be socialized, and grow older. |
| <input type="checkbox"/> Unweaned kittens (bottle feeders) | <input type="checkbox"/> Unweaned puppies (bottle feeders) |
| <input type="checkbox"/> Mother cats with nursing kittens | <input type="checkbox"/> Mother dogs with nursing puppies |
| <input type="checkbox"/> Kittens needing extra socialization | <input type="checkbox"/> Adult dogs needing extra socialization |
| <input type="checkbox"/> Injured cats/kittens (please circle) | <input type="checkbox"/> Court hold dogs |

I am over 18 years of age. Parent Signature if under 18 _____

Are there family pets living in your home? YES NO

Type/Number: Dogs _____ Cats _____

My pets are neutered. _____ There are intact pets in my home. _____

My pets are free of infectious disease, not immune compromised, and current on vaccinations as deemed by my veterinarian. Yes No

Are there immune compromised family members in your household? Yes No

If yes, do you assume the risks involved in hosting foster care animals in my household? Yes No

I am able to provide regular transportation to N.O.A.H. for foster animals. Yes No

How many hours per day will foster animals be without direct care? _____

I can only foster during certain times of the year. Yes No

I am available during the following times: _____

Additional information about me:

Please Turn Over ->

Agreement

In order to provide foster care for an animal from N.O.A.H, I understand and promise that:

1. All animals fostered are and will remain under the ownership of N.O.A.H.
2. Animals under my care are not available for adoption until returned to N.O.A.H.
3. If I or someone I know would like to adopt the fostered animal(s), they must do so via N.O.A.H.
This adoption can only be processed once the animal has been returned from foster care, is spayed/neutered, and has been given a final health exam.
4. I will treat all foster animals with care and contact N.O.A.H. with any questions or concerns regarding the animals' care, health, and well-being.
5. I will isolate my foster animals from any current pets in my home.
6. I will not let foster cats/kittens outdoors.
7. I will not allow foster dogs/puppies off leash in areas that are not completely secure.
8. I will not release any foster animals to anyone without the express consent of N.O.A.H.
9. I will return foster animals to N.O.A.H. at any time at the request of the Foster Coordinator.
10. I will provide timely and open communication to N.O.A.H. in regards to any animals I foster.
11. Any medical care given outside of N.O.A.H will be at my own expense.

Please read the following carefully:

Animals placed in foster care are typically those most at risk for contracting illnesses or failing to thrive. Therefore, it is possible that an animal you have fostered may be euthanized if it falls ill, develops a medical condition deemed untreatable by N.O.A.H, or exhibits behavior issues that make the animal unsuitable for adoptive placement. It is critical that you feel able to cope with the possibility of these outcomes.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although N.O.A.H takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior, or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which N.O.A.H has asked me to provide care. I acknowledge that N.O.A.H is not responsible for any property damage or personal injury suffered by me, members of my household (including my own animals), or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

Foster Parent Signature

Date

N.O.A.H. Representative

Date