



Volunteer Application

Mail, fax or email application to:
Pets Are Wonderful Support
3170 23rd Street, San Francisco, CA 94110
Fax: 415.979.9269
Email: volunteerservices@shanti.org

Please print clearly.

_____	_____	_____	_____
First Name	Nickname	Middle Initial	Last Name
_____		_____	
Address		Cell Phone	
_____		_____	
		Home Phone	
_____		_____	
City	Zip	Work Phone	
_____		_____	
Neighborhood		E-Mail (main mode of communication with volunteers)	
Have you ever applied to be a PAWS volunteer before? ____ (Y/N) If Yes, when? _____			
What is the best way for us to communicate with you? ____ E-mail ____ Home Phone ____ Cell Phone ____ Any			
Date of birth including year: _____			

_____		_____	
Employer/Company Name		Occupation	
_____		_____	
Address		City/State	Zip
_____		_____	_____
Does your employer have a matching gift program? ____ Yes ____ No			
Please describe the products and/or services offered by your company: _____			
_____		_____	
Emergency Contact Name		Relationship	Phone Number

What is the highest level of education you have completed? _____

Are you currently a student? If so, where? _____

Do you hold any professional certifications such as Veterinarian, Vet Tech, Registered Nurse, Medical Doctor, etc.? _____

Why are you interested in becoming a PAWS volunteer? _____

AVAILABILITY	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

Aside from English, are you fluent in any other languages? If yes, please specify and include your level of competency (native, fluent, advanced, intermediate, beginner): _____

If you have volunteered for PAWS in the past, what was your volunteer assignment? _____

Please list any relevant work or volunteer experience: _____

Please list any special training, skills, hobbies: _____

Do you have any personal health concerns that might impact your work as a volunteer at PAWS? _____

Are you allergic to: _____ Cats _____ Dogs _____ Other: _____

Please tell us about your pet(s)

	<u>Pet Name</u>	<u>Species</u>	<u>Breed</u>	<u>Pet age</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Are you in a service program: _____ Project 20 _____ Pre-trial _____ School _____ Other: _____

If so, please indicate how many hours you need and when they are due: _____

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and the date of conviction and disposition. (Conviction of a crime is not an automatic disqualification for volunteer work): _____

Please list two references who can attest to your character, skills and dependability.

	<u>Name/Organization</u>	<u>Relationship to you</u>	<u>Phone</u>	<u>Length of Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Do you have a vehicle that you would use for PAWS volunteering? _____ (Volunteers who drive need to provide proof of a **valid driver license** and **current auto insurance**.)

____ Jeep ____ Small Car ____ Medium Car ____ Station Wagon ____ SUV
____ Truck (open back) ____ Truck (closed back) ____ Van

Please indicate which of the following activities interest you.

For more information about these volunteer opportunities, please email volunteerservices@shanti.org

Dog-walking and In-Home Animal Care (going to clients' homes to take care of their animals):

____ Bird cage cleaning ____ Cat box cleaning ____ Dog walking (large dogs) ____ Dog walking (small dogs)
____ Fish tank cleaning ____ Rabbit/Rodent cage cleaning

If you are interested in in-home animal care, which neighborhoods would be most convenient for you? _____

Foster Care (taking clients' animals into your home):

____ Birds ____ Cats ____ Dogs (large) ____ Dogs (small) ____ Fish/Other

Transports:

____ Driving animals to Vet/grooming appointments ____ Pickups and drop-offs of donated supplies

Specialized Animal Care:

____ Cat Nail Clipping ____ Cat-bathing ____ Subcutaneous fluids ____ Shots ____ Vet Tech
____ Dog Nail Clipping ____ Dog-bathing

Food Bank:

____ Driver ____ Rider/Delivery ____ Onsite ____ Friday afternoon delivery preps

Outreach:

____ Merchandise and Outreach Booth

Major PAWS Events:

____ AIDS Walk ____ Holiday Stocking Delivery ____ Petchitecture ____ SF Pride Celebration
____ Folsom Street Events ____ Compassion Is Universal (CIU)

Office help (Monday – Friday between the hours of 10:00 a.m. – 6:00 p.m.):

____ Data Entry ____ Phone Calls ____ Front Desk

How did you hear about PAWS:

____ PAWS Website ____ Internet Search ____ Facebook ____ Volunteer Match.com ____ Project 20
____ Student Service Learning ____ Community Referral ____ PAWS Volunteer ____ Other: _____
____ Outreach/Merchandise Booth (When/Location: _____/_____)

DRIVER INFORMATION AND RELEASE OF LIABILITY

- I. I hereby certify that I have a valid California Drivers License and that my Drivers License Number is _____. I certify that I carry auto insurance and my Insurance Carrier is _____ and my Policy Number is _____. If I do not have a current drivers license or auto insurance, either now or in the future, I will notify Shanti accordingly.
- II. I am aware that volunteering for Shanti/PAWS can be a potentially hazardous activity. I hereby release Shanti/PAWS from all claims of damages for personal injury or property damage, as a result of my participation as a volunteer. This includes not only Shanti as an organization, but also its agents, directors, employees, and other volunteers.
- III. If I am injured while acting as a volunteer for Shanti/PAWS, I understand and acknowledge that my own health insurance coverage will provide for any necessary medical treatment of care.
- IV. I further understand that accidents occasionally occur and that volunteers occasionally sustain serious personal injuries as a consequence thereof. Knowing the risk of participating as a Shanti/PAWS volunteer, I nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above.

Signed

Date

Print name

Name of Parent or guardian, if under 18 years old

Parent/guardian's signature

VOLUNTEER APPLICATION ACKNOWLEDGMENT

- I understand that this is an application for volunteering, and not a commitment or promise of volunteer opportunity.
- I certify that I have and will provide information throughout the selection process, including on this application and in interviews with PAWS that is true, correct and complete to the best of my knowledge.
- I certify that I have and will answer all questions to the best of my ability and that I have not withheld and will not withhold any information that would unfavorably affect my application for a volunteer position.
- I understand that the information contained on my application will be verified by PAWS and I hereby give permission for PAWS to contact anyone it deems necessary to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters.
- I give Shanti Project and PAWS permission to contact via email with volunteer opportunities, upcoming events, and other ways to support the organization.
- I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action against anyone providing such information.
- I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with PAWS or my termination as a volunteer.
- I understand that while volunteering at PAWS, I may come into contact with information that is considered confidential. This includes any information related to clients: their HIV/AIDS, health or disability statuses, their income, their personal lives, or any other information related to them. I agree that under no circumstance will I discuss this information with people outside of PAWS. Should questions related to clients arise, I will refer people with questions to the PAWS office at 415-979-9550.

CONFIDENTIALITY

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I agree to hold information on PAWS clients confidential:

Signed

Date

Print name

Name of Parent or guardian, if under 18 years old

Parent/guardian's signature

PAWS Use Only

Dog Walking Expectations

Commitment: Dog walkers are asked to commit to three to six months of walking a dog after they have walked the dog 2 to 4 times. Once the decision is made, the walker must sign a contract. This commitment is very important both for the dogs who need to get to know their walkers and for the guardians to have the peace of mind of having a reliable walker for the dog.

Absenteeism: Dog walkers are expected to show up rain or shine. If you are sick, out of town, or unable to make the walk for any reason you must first attempt to find a replacement. Contact other walkers on your schedule to sub or switch days with you. Team schedules are available upon request at any time from PAWS staff. If you are absolutely unable to find a replacement please call PAWS staff at 415-979-9550 ext 314.. Please provide as much notice as possible so PAWS may attempt to find a replacement.

Responsibilities: Dog walking volunteers agree not to carry out any responsibilities beyond the scope of the job description. If clients need assistance in areas outside the scope of volunteer dog walking responsibilities, they should be directed to the PAWS office for referral to other services in San Francisco. Volunteers must never borrow or loan personal things or money to or from the client.

Dog Walking Expectations:

- 🐾 **Time Spent Walking:** Depends upon the number of walks a dog gets per week. For dogs that are walked 1 to 3 times a week, a 30-40 minute walk is expected - often including play time in a park or other appropriate area. For dogs that are walked 5 times or more a week, a walk of 15 to 20 minutes will suffice.
- 🐾 **Picking up Refuse:** Volunteers are expected to bring plastic bags on their walks and to dispose of the dogs refuse.
- 🐾 **Keeping Dogs on Leash:** Dogs may only be taken off leash under the permission of the dog's guardian and in legal off-leash areas. The dog should not be taken off-leash until the walker and the dog get to know one another well.
- 🐾 **Knowledge of Dog:** Volunteers must make an effort to know the dog's needs and problems through either appropriate PAWS staff or the pet's guardian. Discuss with the guardian special needs, medication, if the dog is good around other dogs, chases bikes, skateboards, cats, and learn any commands that might help in walking the dog.
- 🐾 **Notifying PAWS:** Volunteers must notify PAWS staff if client is not at home, the dog or others are injured during a walk, or the dog is ill.

I agree to abide by these responsibilities in my walking of dogs for PAWS.

Signed

Date

Printed Name

Optional Demographic Information:

At PAWS, we make every effort to ensure a diverse community of volunteers. A diverse volunteer force ensures representation of ideas and a higher quality of services to our very diverse clients. In order to maintain diversity, we must evaluate our level of diversity in a number of areas. Please help us with this process by filling in this survey. Feel free to omit any question you do not feel comfortable answering.

What is your birth date? _____

What do you consider your ethnicity(ies):

- Arab or Middle Eastern
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino/a
- Indian or Asian Subcontinental
- Native American
- White or Caucasian
- Other: _____

Are you living with any of the following?

- Mental Disability
- Physical Disability
- HIV/AIDS

Please indicate the category that most closely describes your sexuality:

- Straight
- Gay
- Lesbian
- Bisexual/Pansexual
- Queer
- Other

Please indicate your gender:

- Male
- Female
- Transgender, male to female
- Transgender, female to male
- Intersex
- Other