

CLAY COUNTY ANIMAL RESCUE & EDUCATION CENTER

VOLUNTEER APPLICATION

Please fill out this application to apply for a volunteer position at CCARE. All volunteer activities are without pay or compensation. Please print legibly. Volunteers under 18 years of age must volunteer with a parent or guardian, who must also apply to volunteer.

The objectives of CCARE are to promote humane standards and education, prevent and investigate cruelty to animals, to provide shelter for animals, to assist in the placement of stray/unwanted animals, and to aid in the enforcement of all relative laws.

Your Full Name: _____

Street Address, City, State, ZIP: _____

Email: _____ Cell Phone: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

Would you like to receive email and/or text message notifications from CCARE? Yes No

Employer: _____ Work Phone: _____ Years worked there: _____

Please indicate your T-shirt size (unisex): _____

****Copy of PHOTO ID is required upon volunteer approval****

1. Do you have a driver's license? Yes No Driver's License #: _____

2. Are you involved with any other animal related activities or organizations? List it here, along with any formal training, education, skills, or experience in pet care or animal welfare:

3. Have you ever been investigated for any reason by Law Enforcement? Yes No

If yes, what was the reason and outcome? _____

LAST: _____

FIRST: _____

DATE: _____

4. Have you ever been convicted of a felony? Yes No If yes, please explain. Please be truthful, as CCARE conducts background checks on potential volunteers. _____

5. Do you have (or have you had) a problem with drugs and/or alcohol? Yes No
If yes, please explain: _____

6. In the case of an animal that is determined to be a risk to staff, or in the case of an animal deemed vicious by a municipal or district court, humane euthanasia may be performed at our facility by appropriate medical personnel. Do you accept and understand this? Yes No

7. Do you have any physical limitations (i.e., allergies, back problems, health conditions) that would prevent you from participating in certain activities? Yes No
Please explain: _____

8. Mark your CCARE volunteer interests below (all are unpaid volunteer activities).

- | | | |
|--|--|--|
| <input type="checkbox"/> General Care of Animals | <input type="checkbox"/> Cleaning Kennels | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Exercising Dogs | <input type="checkbox"/> Unloading Supplies | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Transporting Dogs | <input type="checkbox"/> Cleaning/Laundry/Stocking | <input type="checkbox"/> Adoption Events |
| <input type="checkbox"/> Dog Grooming/Bathing | <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Socializing Dogs | <input type="checkbox"/> Front Desk | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Dog Training/Education | <input type="checkbox"/> Office Work/Filing | |

Other, please explain: _____

9. Emergency Contact Information

Name: _____

Best Number to Contact: _____ Relationship to you: _____

10. Availability to Volunteer - List your availability during the week (both days and evenings).

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

VOLUNTEER AGREEMENT (READ CAREFULLY)

I understand that the abbreviation "CCARE" represents Clay County Animal Rescue & Education Center, Inc., its Board of Directors, Members and paid Staff. I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct, and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

I authorize CCARE to conduct a criminal background check on me.

I agree to attend necessary training/orientation before doing any volunteer work. I agree to be supervised by the Shelter Manger or CCARE Board of Directors. I understand that when handling animals there is a risk of injury, exposure to disease, and physical harm. I am aware that some of the animals may not have had their rabies shot. I agree to report any problems relating to animal care, animal behavior, volunteer issues, or shelter issues to the Shelter Manager or CCARE Board of Directors. I agree to follow the CCARE Manual concerning policies and procedures, rules and regulations, and understand that failure to do so will result in possible release of volunteer duties. I agree to do all volunteer duties without pay or compensation.

In consideration of my volunteer participation with CCARE, on behalf of myself, my heirs, personal representatives and executors, I hereby forever release and discharge Clay County Animal Rescue & Education Center, Inc., and its Board of Directors, Members, and paid Staff, and any facility where adoption or fundraising events are held, from any and all liability arising from accident, injury and illness that I may suffer as a result of my volunteering. I further agree to indemnify and hold harmless Clay County Animal Rescue & Education Center, Inc., and its Board of Directors, Members, and paid Staff, and any facility where adoption or fundraising events are held, from any and all claims, costs, and attorney fees, resulting from injuries, damages, and losses sustained by me arising out of, connected with, or in any way associated with CCARE volunteer activities. In the event of emergency, I authorize CCARE officials to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for me immediate care and agree that I will be responsible for payment of any and all medical services rendered, including all costs, claims and attorney fees.

I understand that as an unpaid volunteer I am NOT covered by Kansas Worker's Compensation law.

CCARE requires a **\$10 application fee** to be paid at orientation. I also agree to include copy of my Photo ID.

This application is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within.

SIGNATURE OF APPLICANT _____ **DATE** _____

Thank you for your application and interest! If you are approved, you will be contacted. Approval may take one to three business days. Approved applicants will remain in our system for one year. If you have not volunteered and/or wish to volunteer again after one year, you will need to re-apply. If you wish to inquire about your application, you may contact us using any of the below contact methods.

*****OFFICE USE ONLY*****

Date of Application Received: _____	Initials: _____
Date of Background Check: _____	Initials: _____
Date of Volunteer Approval and Notification: _____	Initials: _____
Date Volunteer reviewed CCARE Manual: _____	Initials: _____
Date of Volunteer Orientation Training: _____	Initials: _____

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WEB SITE www.ccareinc.org