

Pawsitive Action Volunteer Application

☐ Accepted Date: _____
By: _____

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	<input type="checkbox"/> Ok to text messages (not marketing)
E-Mail Address	<input type="checkbox"/> Sign up for PAF email / newsletter

Availability

Our regular volunteer times are presently on Tuesday, Thursday and Saturday from 9-2.

How many hours per week/month do you wish to volunteer? _____

If we offered other times to volunteer, when might you normally wish to volunteer?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Interests

Tell us in which areas you are interested in volunteering:

- ☐ On-site dog care
- ☐ Events & Community outreach
- ☐ Yardwork & Labor
- ☐ Fundraising
- ☐ Maintenance and repairs
- ☐ Office volunteer
- ☐ Dog Training
- ☐ Puppy Raiser (additional application required)

Do you have any limitations that you would like us to know about?

Special Skills or Qualifications

List your skills and qualifications you would like to offer while volunteering with Pawsitive Action (PAF).

	<p>SPECIFICALLY:</p> <p>Have you completed a CGC class/testing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a Service Dog owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been a Puppy-Raiser? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Previous Volunteer Experience

Summarize your previous volunteer experience.

	SPECIFICALLY: Have you been a volunteer with another Service Dog Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please list which one(s):
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Disclosure

Are you a registered sex offender?

☐Yes ☐No

Have you ever been convicted of a felony?

☐Yes ☐No

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that not all applicants are accepted, and that, if I am accepted as a volunteer, I will be required to participate in an orientation session and will accept ongoing training, supervision, appointments and direction. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that I may be dismissed as a volunteer if myself, my family members, or my dog does not behave, or follow the code of conduct detailed in the PAF Volunteer Handbook.

Signature: _____ Date: _____

☐ I hereby affirm that I am over eighteen years of age.

PARENTS or GUARDIANS

I, _____, am signing this form as I am rightfully the parent or legal guardian of the following children which I wish to include in this volunteer application for Pawsitive Action Foundation:

NAME: _____	DOB: _____	Volunteer: <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME: _____	DOB: _____	Volunteer: <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME: _____	DOB: _____	Volunteer: <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME: _____	DOB: _____	Volunteer: <input type="checkbox"/> Yes <input type="checkbox"/> No

Our General Policies

PLEASE READ OUR VOLUNTEER HANDBOOK TO REVIEW ALL POLICIES AND PROCEDURES.

☐ **EQUAL ACCESS:** It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Those with health concerns should consult their physician, disclose any concerns, and weigh the risk before signing releases. PAF assumes no responsibility for injury, illness, or death.

☐ **DRUG AND ALCOHOL:** No illegal drugs are permitted on the property, nor shall those under the influence be allowed to remain on the premises. We reserve the right to remove and ban any person violating this policy. Alcohol, unless served by Pawsitive Action for some event, may not be carried on one's body, nor consumed on site. No excess of drinking or drunkenness will be tolerated on the premises.

☐ **RESPONSIBILITIES:** We retain the right to assign volunteers to projects, services, and tasks to accommodate our general objectives and vision. Some volunteer responsibilities and opportunities require an additional application and/or background checks. Regular on-site volunteer hours are from 9-noon Monday-Saturday. Children in grade 6 are eligible to volunteer but must be accompanied by a participating parent volunteer until 18 years of age. PAF Volunteers must schedule their volunteer hours with PAF, and log all volunteer hours checking-in and out in the PAF Office. The PAF Volunteer Schedule and Volunteers Activities/Project List should be consulted and updated with every visit.

☐ **PETS:** Owner's canine pets are not allowed to accompany their owner while volunteering, however, Service Dogs may accompany their human partner while volunteering for PAF at any event or venue.

Confidentiality Agreement

☐ In the pursuit of its objectives, volunteers, employees and officers of Pawsitive Action Foundation and/or the Canine Center, Inc. often have the privilege of hearing people's personal stories of suffering and disabilities. I agree, that I shall respect the dignity of every human being, and their stories, not sharing them carelessly, maliciously, so to malign the character of another individual.

☐ I shall not disclose any data, information or documentation I discover, copy, generate, or hear while serving as a volunteer for Pawsitive Action Foundation. This information includes all data belonging or filed in the records of Pawsitive Action Foundation and/or The Canine Center, Inc. without limiting the generality of the foregoing: donor financial entries, donor lists, volunteer and employee applications, volunteer and employee identification information, membership information, and/or contractor records. In executing this document, I recognize the sensitive and proprietary nature of this property. I promise that I shall not convert, duplicate, remove, or use this information in any manner or for any purpose not authorized by Pawsitive Action Foundation and/or the Canine Center.

Model Release (photo release)

☐ For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and being the sole and final compensation to which I am entitled, I hereby give Pawsitive Action Foundation and/or The Canine Center Inc. all of which, their employees, agents, assigns, successors or anyone acting under their authority or permission, the absolute and unqualified right to make, copyright, publish or use photographs or video of me (or the minor child I have included in this agreement), in which I am included in whole or in part, or reproductions thereof in color or otherwise, or my name, signature or endorsement, real or fictitious, anywhere and as often as desired for art, advertising, commercial trade, public or private purposes, or video(s) which may be distributed, posted, communicated, transmitted, and/or displayed, projected and/or played for any lawful purpose whatsoever, which Pawsitive Action and/or The Canine Center, Inc. may in its/their sole discretion, deem proper and beneficial to their cause.

☐ I agree to release and not hold Pawsitive Action Foundation and/or The Canine Center, Inc. responsible, accountable, or liable for the reproduction or use of any and all images taken as a result of my execution of this release that are used or reproduced by third parties without the express and/or written permission of Pawsitive Action Foundation and/or The Canine Center, Inc. In addition, I understand and agree that such photographs, video, audio, film, DVD, CD, MP3, Podcast, negatives and transparencies shall remain the exclusive property of Pawsitive Action and/or the Canine Center, Inc. and I hereby waive any right that I may have to inspect, approve, select, or benefit from the finished product or the advertising for which these may be used during the course of my volunteer season or any time in the ongoing business operations of Pawsitive Action Foundation and/or The Canine Center.

Indemnity Waiver and Release of Liability

I, _____ would like to volunteer to assist Pawsitive Action Foundation, herein PAF, a Nonprofit organization operating on the grounds of The Canine Center, Inc.

INDENIFICATION

In consideration for being permitted to participate as a volunteer I hereby agree that I will assume full responsibility for the death, personal injury, or property damage suffered or sustained to me as a result of or in connection with my participation as a volunteer on or off the grounds. I agree, therefore, to indemnify Pawsitive Action Foundation and/or the Canine Center Inc. and any of its employees, volunteers or officers for any reason and whatever the cause or place of the event giving rise to any claim, which I may suffer or sustain as a result of my volunteer activity including: death, personal injury, or property damage arising from my own negligence or that of any volunteer, employee or officer of PAF, and/or the Canine Center, Inc.

RELEASE

I further agree that I will not make any claim against, sue, attach the property of, or prosecute Pawsitive Action Foundation and/or the Canine Center, Inc. or any of its volunteers, employees, or officers for any claim or injury which I may suffer or sustain in connection with my participation as a volunteer for PAF. As a result, I hereby release and discharge Pawsitive Action and/or The Canine Center, Inc. and its employees, volunteers and officers, from all actions, claims, or demands that I now have or may hereafter have for any death, personal injury, property damage arising out of or in connection with my participation as a volunteer. This release of liability is intended to discharge in advance Pawsitive Action Foundation and/or The Canine Center, Inc. and its employees, volunteers, and officers.

WAIVER

I further understand that there are livestock on the property and that the behavior of domestic animals and livestock are sometimes unpredictable and that some domestic animals are capable of inflicting serious injury or death, as a well as extensive property damage. Knowing the risks of handling domestic animals, nevertheless, I hereby agree to assume those risks and to release, indemnify and hold harmless Pawsitive Action Foundation and or The Canine Center, Inc. and its volunteers, employees, or officers who might otherwise be considered liable to me or my heirs or assignee for damages. I also hereby acknowledge that any medical attention that may be needed arising from any physical or psychological injury I may sustain while serving as a volunteer will not be reimbursed financially or otherwise by Pawsitive Action and/or the Canine Center, Inc.

FIRST AID

In the event of an emergency, I give the Pawsitive Action Foundation, and/or The Canine Center, Inc. my permission to call an ambulance and/or seek medical attention if they so feel necessary. I also hereby give my permission for any employee, volunteer, or officer of Pawsitive Action Foundation and/or The Canine Center to give me First Aid care and furthermore release any liability of said person(s) for any additional death, injury, or suffering I may experience.

It is understood and agreed that this *Application Form* comprised of the *Volunteer Information; The Indemnity, Waiver, and Release of Liability; the General Policies; Confidentiality Agreement; and Model Release* is thus intended to be binding on me and my heirs, distributes, legal representatives or assignees.

Signature: _____ Date: _____

Attach a copy of
the applicant's (or guardian's)
Legal Photo Identification
(FLDL, FLID, SSID, Passport, School ID, Permit)