

Paradise Animal Rescue, Inc.

5380 N. Lapeer Rd.
Columbiaville, MI 48421
(810) 793-5683
Fax (810) 793-5629

**Paradise Animal Rescue, Inc.
Volunteer Application**

Volunteer Name: _____

**Complete this application, printing clearly. Return completed application to Paradise Animal Rescue.
PLEASE FILL IN ALL BLANKS TO BETTER SERVE YOU AND EXPEDITE YOUR APPLICATION.**

Mr. Mrs. Miss Ms.

Volunteer Name: _____ Today's Date _____
Last First Middle

Address: _____ City: _____ State: ____ Zip: _____ - _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

E-mail _____

<input type="checkbox"/> Address/Age verified by Volunteer's I.D.	Office Use Only
Authorized P.A.R. Staff Member _____	<input type="checkbox"/> Driver's License _____
	<input type="checkbox"/> Other _____
	Date _____

In Case of emergency, please notify: Name _____

Relationship _____ Phone Number _____ Alternate Phone Number _____

Are you 16 years of age or younger? Yes / No (if you are under 16 years old, you will need to have a authorized PAR Supervisor attend all training with you as well as supervised every time you volunteer.)

Do you have any special needs or health issues that require special accommodations? Yes / No If yes, Explain _____

Please check the programs in which you are interested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal (cleaning, feeding, socialization) | <input type="checkbox"/> Clerical (in office) | <input type="checkbox"/> Computer services |
| <input type="checkbox"/> Foster | <input type="checkbox"/> Leadership Team | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Adoption Assistant | <input type="checkbox"/> Fundraising | |

Are you willing to work in the program with the greatest need even if it is not your top choice? Yes / No

How did you hear about the Volunteer Services Program? _____

Why do you wish to volunteer with Paradise Rescue? _____

Have you done volunteer work in the past? If yes, where? For how long? What were your responsibilities? _____

Have you had any formal education or training in companion animal welfare? Yes / No If yes, please specify the type of training/education, by whom and where it occurred? _____

Indicate any additional information about your skills, experience or hobbies which may benefit Paradise Animal Rescue: _____

List two (2) references:

Name	Address	Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

OYes / ONo I HAVE REVIEWED AND SIGNED THE RELEASE OF INFORMATION AUTHORIZATION FORM ON PAGE 5.

List Times of your Availability (*estimate: start time to end time*)

	A.M	P.M	A.M	P.M	A.M	P.M	
Sunday	_____	_____	Thursday	_____	_____	Wednesday	_____
Monday	_____	_____	Friday	_____	_____		
Tuesday	_____	_____	Saturday	_____	_____		

KEY and ALARM CODE AGREEMENT

KEYS ISSUED: [Date: _____] **ALARM CODE:** _____

Front/Back Door Issued by: _____ Date: _____

Other Issued by: _____ Date: _____

I understand that this key and being issued a personal alarm code is for the sole purpose of performing my duties as a volunteer at the Paradise Animal Rescue Shelter. Entering the premises for any other reason other than the performance of my duties can result in immediate release as a volunteer and possible prosecution.

I agree that I am not allowed to duplicate, pass, lend nor give key(s) to anyone else nor allow entry to anyone not authorized to the Shelter.

I understand that my Alarm Code is specific to me and should not be shared or given to ANYONE!

Loss of key(s) should be immediately reported to the shelter director of Paradise Animal Rescue, Inc. with a completed U.I.R. and I acknowledge that a fee may be levied against me for replacement key(s) and/or expenses resulting from locks having to be changed as a result of loss of key(s).

It is my responsibility upon separation as a volunteer that I will immediately return key(s) to the Paradise Animal Rescue Shelter.

I, _____, acknowledge and agree to the above provisions.
Print clearly

_____ Date: _____
Volunteer Signature

TRAINING AND PRESENTATION VERIFICATION

To be filled in at the time of completion of Training

Orientation Presentation	
Orientation was presented by _____	Date: _____ <input type="checkbox"/> Video <input type="checkbox"/> Live presentation
I have completed the Orientation and understand and accept the responsibilities and duties as outlined in the presentation.	
Volunteer Signature _____	Date: _____

Authorized P.A.R. Minor Supervisor Acknowledgement	
Training was presented by _____	Date: _____
I have completed the training and understand and accept the responsibilities and duties required to be a supervisor over a volunteer under the age of 16.	
Volunteer Signature _____	Date: _____

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**Paradise Animal Rescue, Inc.
Volunteer Agreement**

I hereby agree to the following:

to adhere to all the policies of P.A.R. and understand that failure to do so may result in my immediate termination;

P.A.R. has the right to request that a volunteer leave our program at any time for any reason and that volunteers have the right to leave at any time without notice;

to be present for scheduled shifts and to carry out duties promptly and reliably;

to maintain the dignity and integrity of P.A.R. with the public and to honor confidential information;

to immediately report any problem(s) or incident(s) with policies, working with other staff members or certain animals by informing the shelter director through the **Unusual Incident Reporting** procedures;

I acknowledge that Paradise Animal Rescue Shelter, on occasion, is featured in the local media and photographs may be taken where volunteers are included in the image. I, hereby, give permission to Paradise Animal Rescue, Inc. to take and use photographs where I am included in the image for use on the P.A.R. Bulletin Board, Newsletter and website, as well as, local newspaper articles, T.V. and radio promotion. Advanced notification of photo use will be given if possible, but not required;

I acknowledge that all communication from Paradise Animal Shelter, Inc. must come from the Director who is the sole and only spokesperson, unless specifically directed to do so by the Director. I acknowledge that I am not authorized to initiate or be part of any communications to any media, in print or otherwise, to any local, county, or state governing agency or private citizen(s) regarding the operations and management of Paradise Animal Shelter or for the purpose to elicit funds, cat/dog food, or materials and donations for the shelter. Any communications and inquiries intended for Paradise Animal Shelter that may be received by me will be immediately redirected to the Director;

I acknowledge that being a volunteer is not limited to activities on the premise, but includes, but not limited to, fundraisers and private and public events, and that my services are provided strictly on a voluntary basis, without any pay or compensation of any kind, and without liability of any nature on behalf of Paradise Animal Rescue, Inc., all services to be performed by me at my own risk, with full knowledge of risks including, but not limited to, risk of disease and injury.

Volunteer Name (Print) _____

Volunteer Signature _____ Date: _____

If volunteer is under 18, parent or guardian signature is required:

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____ Date: _____

Authorized P.A.R. Representative (Print) _____

P.A.R. Signature _____ Date: _____

For Office Use Only

CHECKLIST MUST BE COMPLETED BEFORE SUBMISSION TO DIRECTOR FOR APPROVAL

Has Application been filled out in blue or black ink? Yes / No And all Blanks filled in? Yes / No

Has Application been completely filled in including INFORMATION AUTHORIZATION RELEASE? Yes / No

Has ID been checked at time of application review? Yes / No

Has Volunteer Agreement been signed? Yes / No

L.C.A.C. Check Results: _____

Volunteer has Key/Alarm Access Agreement?

Has Volunteer been through Orientation? Yes / No

Has Volunteer received UIR policy Yes / No

If there is any No checked, Why _____

Date Checklist Completed: _____ PAR Staff member completing checklist: _____

Volunteer Application Review

Documentation Accompanied with Application: Resume; Reference Letters; Certificates; Other

Interview Notes: _____

Approved Declined Date: __-__-__ By: _____

Volunteer Application Screening Manager Signature

Approved Declined Date: __-__-__ By: _____

Director Signature

Reason: _____

Check List Completed: Yes / No By _____ Dated _____
P.A.R. Staff Member

Need Background check. Reason: _____ Date completed: __-__-__
 References L.C.A.C. Criminal Check Credit Check Other _____

Background Check Results: _____

START DATE: __-__-__ Primary Position at PAR: _____

Orientation: Date: __-__-__ By: _____

P.A.R. Minor Supervisor Training: Date: __-__-__ By: _____

SEPARATION DATE: __-__-__ REASON: _____

VOLUNTEER HISTORY

Notes: _____

Check for Additional pages

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**RELEASE OF VOLUNTEER
INFORMATION AUTHORIZATION**

I, _____, hereby authorize Paradise Animal Rescue, Inc. to obtain
Print Name
information on all, but not limited to, the following items, and to contact any references, agencies, obtain credit report, criminal background check, L.C.A.C check and any other information necessary in performing a background check.

I authorize all parties to release information or verifications requested by Paradise Animal Rescue, Inc., that will assist in the evaluation of my Volunteer Application status. I also agree to hold harmless, all parties supplying information requested to complete my application.

I have been advised and understand prior to signing this authorization that information obtained will be confidential and will not be shared outside of authorized personnel of Paradise Animal Rescue, Inc.

I also certify that all information provided per this application is correct and that errors or misrepresentations of any information may be grounds for denial of this application or termination of volunteer services.

_____ Date: _____
Authorizing Volunteer Signature

_____ Date: _____
Authorized P.A.R. Representative