Volunteer Application

	Date of Application:
Name:	Date of Birth:
EMAIL:	
Address:	Cell:
Emergency Contact Name:	Cell:
(If Minor) Parent/Guardian Name:	Date of Birth:
Address:	Cell:

VOLUNTEERS MUST BE 18 OR OLDER TO VOLUNTEER WITHOUT A PARENT OR ADULT FAMILY MEMBER. NO MINOR MAY WALK DOGS WITHOUT AN ADULT PRESENT.

Juneau Animal Rescue values your privacy and will not share your confidential information with any outside organizations.

Activities Volunteers may participate in are:

Animal Training	Paper Shredding
Poo Patrol/Litter clean up	Yard Work
Dog Walking	Cat Socialization
Sharing adoptable animals to social media	Book Buddies (reading to animals)

Dog Socialization

Dog walking is available from <u>9:30-5:00pm</u> Monday, Wednesday, Thursday, Friday & Saturday.

Animal Socialization is available <u>12-5pm</u> Monday, Wednesday, Thursday, Friday & Saturday. Do you have any allergies or physical conditions that might affect your volunteer work?

What experiences do you have working with animals?

Please list your educational background:

Is this volunteer work court ordered or school related? If yes, please list amount of hours required. List teacher or case worker to be notified.

Volunteer Agreement & Liability Release Waiver

(sign and initial)

In consideration of this opportunity to volunteer for Juneau Animal Rescue I,, agree to the following terms and conditions: I will abide by the mission, rules, and policies of Juneau Animal Rescue. I will not engage in unsafe, illegal, or unethical activities while volunteering. I will not engage in unsafe, illegal, or unethical activities while volunteering. As a condition of volunteering, I agree to hold Juneau Animal Rescue. I understand that failing to uphold any of the above is sufficient grounds for Juneau Animal Rescue to remove me as a volunteer.
I,, understand that my participation as a volunteer for Juneau Animal Rescue is strictly on a volunteer basis, and therefore no insurance against bodily harm is provided to me. I agree to release Juneau Animal Rescue, a non-profit organization, from all injuries or damages incurred during my participation in any JAR Volunteer programs. Photo Release
JAR has my permission to use my photo for publication purposes with no reimbursement YES: NO:
Volunteer's Name: Signature:
(if minor) Parent/Guardian Name:Signature:Signature: