Lily's Legacy
SENIOR DOG SANCTUARY

PO Box 751002
Petaluma, CA 94975
(415) 488-4984
WWW.lilyslegacy.org

VOLUNTEER APPLICATION

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Zip: _____ Okay to call you at work? Yes ____ No ____

Employer Name & City: _____ Cell Phone: _____

Occupation: _____ E-mail Address: _____

Date of birth: (Year Optional): _____

****Please note: Copies of your driver's license and proof of insurance are required to be attached with your application.**

BACKGROUND AND INTERESTS

How did you hear about LLSDS?

____Adopter ____Friend ____LLSDS event

____Internet ____Previous volunteer ____LLSDS mailing

____Donor ____Newspaper.

We request that our volunteers make a six (6) month minimum commitment of eight hours a month to LLSDS

Is this feasible for you? ____Yes ____No

If no, please explain: _____

Have you ever been convicted of a felony? ____Yes ____No

Languages spoken: _____

Proficiency level: _____

Would you like to train/mentor other volunteers? ____Yes ____No

What is the reason you want to volunteer? _____

What do you hope to gain from your volunteer experience at LLSDS? _____

_____

What animals do you currently have? _____

Please summarize your experience with animals. _____

_____

Are you interested in fostering a dog? ____Yes ____No

Please describe any other previous volunteer experience you have: _____

_____

What skills/experience do you wish to share with LLSDS? Check all that apply:

____Cold Calling	____Dog Training	____Fundraising
____Marketing	____Project Management	____Event Planning
____Grant Writing	____Teaching/Training	____Transport
____Photography	____Dog Massage	____Groomer
____Public Speaking/Presentation		____Video Filming/Editing

____Other: _____

Proficiency in the following Microsoft Office/computer skills:

____Access	____Excel	____Publisher	____Data Entry
____Photoshop	____Word	____database	____PowerPoint.

What days and hours will you be available to volunteer on a regular basis? (Select all that apply):

____Mornings ____Afternoons ____Evenings

____Weekends; ____Sat ____Sun

____Weekdays: ____Mon ____Tues ____Wed ____Thurs ____Fri

Holidays (Please Specify): _____

Do you have any physical or other limitations we should be aware of in order to make your volunteer time with us as comfortable as possible? _____

_____

EMERGENCY CONTACT INFORMATION

Emergency Contact:

Name: _____ Home Phone: _____

Relationship: _____ Work Phone: _____

Cell Phone: _____

LILY'S LEGACY VOLUNTEER POSITIONS

____Dog Care ____Special Events ____Dog Training

____Dog training assistant ____Adoption ____ Fundraising

____Social Media ____Web Site ____ Marketing

____Volunteer Coordinator ____Education/Outreach ____Office /Admin

____Facility Maintenance ____Landscape Maintenance ____Construction

Other things I would like to do for LLSDS: _____

Volunteer Waiver and Release

My name is _____. I hereby agree to accept a position as a volunteer for the Lily's Legacy Senior Dog Sanctuary (LLSDS). I understand that the term "volunteer" means a person who freely serves LLSDS in a voluntary capacity. I understand and agree that no liability whatsoever will be incurred by LLSDS for anyone who performs any actions or services for LLSDS, and I release LLSDS from any and all claims, present and future.

TERMS AND CONDITIONS

1. I fully understand and agree that my services are provided strictly in a voluntary capacity;
2. I fully understand and agree that I am providing services to LLSDS strictly as a volunteer;
3. I fully understand that LLSDS handles large numbers of dogs on a daily basis. The disposition of these dogs is unknown to LLSDS. I agree to hold LLSDS harmless for any injury or injuries which I might sustain including, but not limited to, injuries caused by animals during the course of my volunteer duties with LLSDS;
4. I fully understand and agree to assume all risks involved in any and all duties that I perform for LLSDS in my volunteer capacity. Such duties might include, but are not limited to, animal handling, custodial work, and other volunteer duties;
5. I agree to familiarize myself with LLSDS policies and procedures. I will fully comply with both the letter and the spirit of these policies and procedures;
6. I fully understand that LLSDS expects high standards of moral and ethical treatment of all dogs including, but not limited to the dogs under its care. I agree to adhere strictly to these standards in my volunteer capacity;
7. I fully understand and agree that LLSDS may terminate my services either for failure to comply with any and all of the obligations outlined in this Volunteer Agreement or for any reason whatsoever while performing my volunteer services to LLSDS.

RELEASE FORM

1. I, the undersigned agree to release, discharge, indemnify and hold LLSDS harmless for any and all loss or damage to my personal property while performing services for LLSDS in a voluntary capacity.
2. I recognize that in handling dogs while performing services in a voluntary capacity for LLSDS there is a risk of injury including personal physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify

and hold harmless LLSDS, its agents, servants and employees from any and all claims, causes of action or demands, of any nature or cause connected with my Volunteer Agreement and service.

3. I understand that public relations are an important part of volunteering at LLSDS. I, therefore, agree on behalf of myself, my heirs, personal representatives, and executors to allow LLSDS to use any photographs taken of me for use in public relations efforts. LLSDS will use reasonable efforts to notify me but such notification is not a condition to the release of photographs or public relations purposes.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THE FOREGOING VOLUNTEER AGREEMENT AND THAT I WILL COMPLY WITH THE SAME.

Name:_____

Signature:_____ Date:_____

Volunteers under the age of 18 must have parent or guardian sign below.

Name:_____

Signature:_____ Date:_____

Relationship to Volunteer:_____