



PO BOX 10811
Bainbridge Island, WA 98110
206.842.2451 • 888.558-7297
www.pawsbainbridge.org

V O L U N T E E R

Name:

Address:

City:

State:

Zip:

Email Address:

Home Phone:

Cell Phone:

Best Time To Reach You:

Date of Birth:

(Volunteers under the age of 16 must be accompanied by an adult.)

Education (Last Year Completed):

E M P L O Y M E N T

Current Employer:

Employer Address:

City:

State:

Zip:

Work Phone:

Direct Line:

May we phone you at work?

I N S U R A N C E

Are you currently covered by medical insurance?

If so, which company?

Do you have any physical, medical (diabetic, pacemaker user, severe allergies) or psychological limitation or disability that might hinder you from participation in any area of the program? If yes, please explain:

VOLUNTEER APPLICATION

We appreciate your interest in volunteering with PAWS of Bainbridge Island.

Please complete both sides of this application form. This is your chance to detail where your experience and interests lie in supporting PAWS.

We welcome your call if you have any questions.

Thank you!

R E F E R E N C E S

Two people (not immediate family) who have known you for one year or more.

Name:

Phone:

Name:

Phone:

E M E R G E N C Y CONTACT

Name:

Your Relationship To This Person:

Home Phone:

Work or Cell Phone:

Address / City / State:



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EXPERIENCE / INTERESTS

Please give us an idea of your interests and background:

1. What is your past volunteer experience?

2. Have you ever worked with animals? If so, with what animals & in what capacity?

3. Why do you wish to volunteer with PAWS?

4. What do you hope to gain from your volunteer experience?

5. List your special training, skills or interests:

6. Do you have reliable transportation and current auto insurance?

Type of Vehicle:

Insurance Company/Policy Number:

OPPORTUNITIES

How would you like to volunteer?

CATS

- Rescue
- Adoption
- Fostering
- Feral Cats Program
- Other Ideas:

DOGS

- Rescue / Hold
- Pet Dog Therapy Program
- Fostering
- Other Ideas:

ADMINISTRATIVE/OTHER

- Fundraising Projects / Events
- Public Relations / Advertising
- Newsletter
- General Office Work/Data Entry
- Pet Food Bank Program
- Donation Box Maintenance
- Other Ideas:

APPLICANT AGREEMENT

In signing this application, I understand and agree to the following:

I authorize PAWS to seek emergency medical treatment in case of accident, injury or illness. I also agree to abide by the policies and procedures presented to me at the volunteer orientation. I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Washington State Workers Compensation Law. In addition, I understand that I serve at the discretion of PAWS and must conform to the appropriate rules and regulations commonly applied to regular PAWS employees. I further agree to hold PAWS harmless in all matters relating to my service as a volunteer, including but not limited to personal injury.

Signed:

Date:

If under 18 years of age, parents or guardian must sign also.

Signed:

Date: