



PO BOX 10811
Bainbridge Island, WA 98110
206.842.2451 • 888.558.7297
www.pawsbainbridge.org

A P P L I C A N T

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Best Time To Reach You: _____

Date of Birth: _____ Education (Grade in School): _____

E X P E R I E N C E

1. What is your experience with animals? What kind of animals and how?

2. List your other special training, skills or interests: (use back of form, if needed)

H E A L T H

Do you have any physical, medical (diabetic, severe allergies) or psychological limitation or disability that might hinder you from participating as a volunteer? If yes, please explain:

**YOUTH
VOLUNTEER
APPLICATION**

Minimum Age: 14

We appreciate your interest in becoming a Youth Volunteer for PAWS of Bainbridge Island. Please complete both sides of this application.

Thank you!

Are you volunteering to fulfill a Community Service requirement?

____ Yes ____ No

**J O B
D E S C R I P T I O N**

Carry out duties assigned by the supervisor, including but not limited to:

- Scoop litter boxes
- Provide food and clean water
- Sweep and mop floor
- Wash dishes
- Take out garbage
- Brush and play with cats
- Fold informational materials
- Put together kits of informational materials

T R A N S P O R T A T I O N

Do you have access to a vehicle?

____ Yes ____ No

If you drive, list your license number:

A V A I L A B I L I T Y	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days and hours you are available							



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E M E R G E N C Y C O N T A C T

Name:	Your Relationship To This Person:
Home Phone:	Work Phone:
Cell Phone:	Day Phone:
Address / City / State / Zip:	

Y O U T H V O L U N T E E R A G R E E M E N T

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

This application, by itself or together with other company documents or policy statements, does not create a contract of employment. I understand that if I am selected as a Youth Volunteer I may voluntarily leave or be terminated at any time for any reason.

I also authorize PAWS to seek emergency medical treatment in case of accident, injury or illness. I further agree to hold PAWS harmless in all matters relating to my service as a Youth Volunteer, including but not limited to personal injury.

Signed:	Date:
_____	_____

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

Signed:	Date:
_____	_____