



# *Pet Assistance Foundation*

## Volunteer Application

150 West 6th Street • Suite 201 • San Pedro

California 90731-3300

(310) 732-1230; Fax (310) 521-8611

All information in this document is confidential.

Please print.

Name/Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
(Use legal name)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Male / Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Physical Limitations \_\_\_\_\_  
(Circle One) (Month/Day, Year) (Be specific; if none, write none)

### **VOLUNTEER EXPERIENCE**

Interests, Skills, Hobbies \_\_\_\_\_

Clubs, Organizations you belong to \_\_\_\_\_

Education (highest level) \_\_\_\_\_ Name of School \_\_\_\_\_

Have you volunteered before? Yes  No  Position \_\_\_\_\_

Describe the work \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ May we contact the Agency? Yes  No

Your availability:

Hours per week/month \_\_\_\_\_ Preferred Days \_\_\_\_\_ Geographic Preference \_\_\_\_\_  
(specify)

### **EMPLOYMENT HISTORY**

Name of current employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

May we contact employer? Yes  No  Description of duties \_\_\_\_\_

Does your employer have a community partnership? Yes  No

**REFERENCES** (Personal or professional; not a relative)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

**DRIVING INFORMATION**

If you are volunteering for a position that requires driving, Pet Assistance Foundation] requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes \_\_\_\_\_ No \_\_\_\_\_

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to Pet Assistance Foundation, so that they can be filed with this application.

I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

\_\_\_\_\_  
\_\_\_\_\_

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Pet Assistance Foundation to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Pet Assistance Foundation acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

**PARENTAL CONSENT** (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Pet Assistance Foundation. I also give Pet Assistance Foundation my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_