

**A TIME 4 PAWS ---- VOLUNTEER HERO APPLICATION**

**I am interested in the following volunteer opportunities: \_\_\_ Adoption Center work \_\_\_ Thrift Store work \_\_\_ Both**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birth Date (include year of birth only if you are under 18 years of age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: (if different from Mailing Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you: \_\_\_ A Student \_\_\_ Retired \_\_\_ Employed – Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I can commit to volunteer: \_\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_Once a week \_\_\_\_\_\_\_Once a month \_\_\_\_\_\_\_\_Schedule permitting**

**Personal Reference: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Volunteer Experience (Name of Organizations & Dates Worked): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pets Owned/Animal Related Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are your pets spay/neutered: \_\_\_ Yes \_\_\_No Do you own, or have you owned a dog or a cat in the past 2 years that has given birth or**

**was spayed during pregnancy? \_\_\_ Yes \_\_\_ No**

**Other related special skills, knowledge, abilities, interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I am interested in the following volunteer opportunities: \_\_\_ Dog Care \_\_\_ Cat Care \_\_\_\_Foster Care Activities**

 **\_\_\_ Administrative Activities (i.e. Accounting Activities, Computer/Clerical Activities) \_\_\_ Grant Writing \_\_\_ Recycling Activities (Item Pick-Up)**

**\_\_\_ Special Projects (i.e. Pick-ups & Delivery, sewing, etc.) \_\_\_ Pet Food Pantry \_\_\_ Special Events / Fundraisers**

**\_\_\_ Adoption Counseling / Home Visits \_\_\_ Education Programs \_\_\_ Transport of Animals for Medical Treatment or other needs.**

**\_\_\_ Chairperson of AT4P Committee or Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about our Adoption Center and/or Thrift Store Volunteer program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any active restraining orders/judgements/warrants against you? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any felony convictions? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If volunteering through referral from another agency (school, court, etc, please indicate the agency, contact person and number of hours required to volunteer.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**MAILING ADDRESS: PHYSICAL LOCATIONS:**

**A TIME 4 PAWS A TIME 4 PAWS A TIME 4 PAWS**

**P. O. Box 2982 ADOPTION CENTER THRIFT STORE**

**Crossville, TN 38557 594 Cook Road 1241 West Avenue**

**E-Mail:** **savetnpets@gmail.com** **Crossville, TN 38555 Crossville, TN 38555**

**Web Site:** [**www.at4p.org**](http://www.at4p.org) **Phone: 931-456-6906 Phone: 931-787-0610**

**AT4P Inc. – APPLICANT’S AGREEMENT**

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

* **I agree to abide by the policies and procedures presented to me during the course of my volunteer activities. I understand that I am responsible for reviewing all the materials given to me at orientations and trainings.**
* **I understand that all AT4P business records or discussions regarding potential, previous or new pet owners are to be kept confidential.**
* **I understand that the goal of volunteering is to engage and educate the public on the mission & philosophy of A TIME 4 PAWS Inc. (AT4P), and my actions should always further this goal. I understand that I can and should always seek guidance if I am ever unclear about the mission, philosophy or practices of AT4P.**
* **I authorize A Time 4 Paws Inc. (AT4P) to seek emergency medical treatment in case of accident, injury or illness.**
* **I understand that AT4P welcomes & relies upon volunteer feedback. If I am ever in disagreement with any philosophy, policy or practice of AT4P, I agree to use the appropriate, established communication channels to share my concerns or feedback in order to eliminate miscommunication or redundant efforts. The channels are, in order:**
1. **Communicate first with the Volunteer Coordinator/on site manager**
2. **If you feel your concern was not addressed at this level, you should then communicate it directly to the Board of Directors.**
* **I know that as an AT4P volunteer, I represent A Time 4 Paws Inc. and I promise not to engage in any activity – whether physical, verbal or written – that may cause harm to the reputation of AT4P. I agree to be a role model for the humane treatment of animals, at home as well as while working with the adoption center animals.**
* **I understand that if I am injured while acting as an unpaid member of the volunteer staff that I am not covered by Tennessee state workers’ compensation law.**
* **AT4P has my permission to use any and all photographs and/or videos taken of me to promote AT4P services and programs or to publicize any event. I understand that all prints, copies, originals, negatives, and graphics files become the sole property of AT4P and may be used without payment or prior notification.**
* **I agree to accept supervision and support from the AT4P staff and understand that they will provide me with feedback to insure my safety or to help me perform my volunteer duties most effectively.**
* **Animal Program Volunteers only: I agree to complete my volunteer commitment of a minimum of 4 hours per month for 6 months or other commitment specified here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **I understand that falling to observe the above agreements along with the policies and procedures of A Time 4 Paws Inc. (AT4P) my result in my dismissal from the volunteer program.**
* **I AM AWARE THAT THERE ARE INHERENT RISKS ASSOCATED WITH WORKING WITH ANIMALS, AND WHILE AT4P TAKES EVERY REASONABLE PRECAUTION, THOSE RISKS CAN NEVER BE WHOLLY ELIMINATED. I TAKE RESPONSIBILITY FOR AND EXPRESSLY ASSUME ANY AND ALL RISKS ASSOCIATED WITH MY PARTICIPATING IN AT4P ACTIVITIES AND FURTHER AGREE TO INDEMNIFY A TIME 4 PAWS INC., AND HOLD IT HARMLESS FOR AND FROM ANY CLAIMS, ACTIONS, LOSSES OR INJURIES I MAY INCUR AS A RESULT OF MY PARTICIPATION. THIS INDEMNIFICATION AND HOLD HARMLESS ALSO EXTENDS TO THE OFFICERS, SERVANTS, AGENTS, AND EMPLOYEES OF AT4P AND SHALL APPLY IN ALL CIRCUMSTANCES, REGARDLESS OF THE CAUSE OF THE HARM.**
* **I understand that A Time 4 Paws may conduct a criminal background check through the Tennessee Bureau of Investigation and/or the Federal Bureau of Investigations National Crime Information Computer.**
* **I hereby release A TIME 4 PAWS from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having a volunteer decision based on such information.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTAL CONSENT (Required for volunteers under 18 years of age)**

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| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to his/her participation as a volunteer with A Time 4 Paws, Inc. We acknowledge that the activities that he/she will participate in may include, but are not limited to, the handling of animals. We, on behalf of ourselves and the volunteer, take responsibility for and expressly assume any and all risks associated with the volunteer’s participation in A Time 4 Paws, Inc. activities and further agree to indemnify A Time 4 Paws, Inc. and hold it harmless for and from any losses it may incur as a result of his/her participation.****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **SIGNATURE OF PARENT OR LEGAL GUARDIAN** |