



**A T I M E 4 P A W S -- Pet Adoption and Education Center**  
P.O Box 2982 594 Cook Road Crossville, TN 38555 Phone 931-456-6906

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

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

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

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

Occupation: (Before Retirement) \_\_\_\_\_

Personal Reference: (Name) \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Are your pets fixed: \_\_\_ Yes \_\_\_ No Do you own or have you owned a dog/cat in the past 2 years that has given birth or was spayed during pregnancy? \_\_\_ Yes \_\_\_ No

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

I can commit to volunteer: \_\_\_\_\_ Hours \_\_\_\_\_ Once a week \_\_\_\_\_ Once a month \_\_\_\_\_ Schedule permitting

I am interested in the following volunteer opportunities: \_\_\_\_\_ Adoption Center Worker \_\_\_ Thrift Store Worker

\_\_\_ Dog Walking \_\_\_ Cat Socialization \_\_\_ Administrative Activities (i.e. Accounting Activities, Computer/Clerical Activities)

\_\_\_ Grant Writing \_\_\_ Recycling Activities (Can Pick-up) \_\_\_ Maintenance & Cleaning (i.e. lawn mowing, construction projects, painting, etc.) \_\_\_ Special Projects (i.e. Pick-ups & Delivery, sewing, etc.) \_\_\_ AniMeals Program \_\_\_ Foster Care Activities

\_\_\_ Pet Assisted Therapy \_\_\_ Special Events / Fundraisers \_\_\_ Adoption Counseling/ Home Visit \_\_\_ Education Programs

\_\_\_ Transport of Animals for Medical Treatment or other needs \_\_\_ Chairperson for AT4P Committee

Other (describe) \_\_\_\_\_

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

Do you have any active restraining orders against you? \_\_\_ Yes \_\_\_ No If yes, 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: \_\_\_\_\_

**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 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
  - 2) If you feel your concern was not addressed at this level, you should then communicate it directly to the Executive Director.
  - 3) Finally, if your concern remains unaddressed, you should bring it to the AT4P 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 AT4P records or discussion regarding previous and new pet owners are to be kept confidential.
- 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, 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 failing to observe the above agreements along with the policies and procedures of A Time 4 Paws Inc. (AT4P) may result in my immediate dismissal from the volunteer program.
- I AM AWARE THAT THERE ARE INHERENT RISKS ASSOCIATED 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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

<p>I, _____, the parent/legal guardian of _____, consent to his/her participation as a volunteer with A Time 4 Paws Inc.</p> <p>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.</p>
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DATE

SIGNATURE OF PARENT (OR LEGAL GUARDIAN)