



## Volunteer Application

Please complete this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering with us. Please answer all of the questions. We cannot accept volunteers under the age of 16 unless an adult volunteer accompanies them. Volunteers less than 18 years of age must have parental/guardian consent.

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Profession: \_\_\_\_\_ If a student, school & grade: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Are you volunteering to fulfill a community service commitment?

\_\_\_\_\_

How many hours per week will you volunteer?

\_\_\_\_\_

Please list the times that you will be available to volunteer?

\_\_\_\_\_

Why do you want to volunteer at Big Sky Ranch Animal Sanctuary?

\_\_\_\_\_

What skills, training, or knowledge do you have that will assist in volunteering?

\_\_\_\_\_

\_\_\_\_\_

Do you have previous experience working with animals? \_\_\_ Yes \_\_\_ No \_\_\_\_ If yes, please explain

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Do you feel you have any physical limitations or health problems that might need accommodation? If yes, please explain.

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Please list two personal references (name and phone numbers, no family members please)

1.

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2.

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Please check the kind of volunteer work you would be willing to do to benefit the animals:

- Dog Walker
- Administrative Assistance
- Web Site & Technical Support
- Onsite Maintenance
- Handyman repairs
- Nursing Home Visitations
- Animal Grooming
- Helping w/Offsite Events
- Fundraising
- Special Events
- Public Relations {Presentations & Educations
- Human Education
- Exercise Animals

Other \_\_\_\_\_



## Volunteer Activity Liability Waiver

### MUST CONTAIN ORIGINAL SIGNATURE

Last Name: \_\_\_\_\_

The Undersigned (print name): \_\_\_\_\_, does hereby acknowledge and assumes the risk of participation in any and all activities at Big Sky Ranch Animal Sanctuary, at the Sanctuary residence or any and all locations where BSRAS activities take place. He/she does hereby acknowledge that he/she will release Big Sky Ranch Animal Sanctuary, its officers, staff members, volunteers, advisors, property owners, and/or agents in any location where BSAS activities are conducted, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

Emergency Information

Please notify the following individual(s) immediately in the event of a medical emergency.

Name/Relationship: \_\_\_\_\_

StreetAddress: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Any special medical conditions or medications that we should be aware of:

\_\_\_\_\_

Dated this day of (date): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

I, \_\_\_\_\_ (Name of Parent or Guardian), agree to accompany or have an adult accompany \_\_\_\_\_ (the minor child) at all times while they are involved in any activity on the premises, and acknowledge that I am fully and totally responsible for the above child at all times while he/she is participating in any activity at Big Sky Ranch Animal Sanctuary.

I give my consent to provide my name, voice photograph and film of myself/or minor child or any pet in my care to the media for advertising, programming or promotional activities for the Big Sky Ranch Animal Sanctuary and understand that I will receive no compensation for giving this permission.

I agree that because I or a minor in my care may handle animals, it is important to discuss being vaccinated against tetanus with my physician.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_