Participants must be at least 16 years old to volunteer. Participants under age 16 must be accompanied by parents(s)/legal guardian(s) and may not walk dogs. Volunteers under 18 must have a parent(s)/legal guardian(s) sign our Liability Waiver on their behalf.

What areas are you interested in volunteering?

- Morning Cleaning (Cats)
- Dog Walking
- Adoption Events
- Satellite Center Cat Care
- Adoption Ambassadors
- Other: ________________________

Why are you interested in volunteering at the shelter? ______________________________________

Do you currently have pets? Yes _____  No _____  If yes: How many? __________________________

What type / breed / age? ________________________________________________________________

How long have you had them? ___________________________________________________________

How did you get your pet(s)? ___________________________________________________________

Please describe your experience with domestic animals: ___________________________________

_________________________________________________________________________________

Do you have special talents, skills, or training in handling domestic pets? ______________________

_________________________________________________________________________________

The shelter is open from 9am to 6pm 7 days / week. Volunteers are welcome during these hours and any day that is convenient. We appreciate the time you can offer us:

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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</thead>
</table>

I certify that the above information is true and correct.

Applicant’s Signature: ________________________________ Date: ______________________
As a volunteer for Angels of Assisi:

I agree to abide by all policies and procedures of Angels of Assisi. I will conform to all rules and regulations commonly applying to employees of Angels of Assisi, including but not limited to the rules pertaining to safety, discrimination, harassment, and confidentiality.

I certify that I have never been accused or convicted of any crime or misdemeanor involving animal cruelty, neglect, or abandonment, to include a civil finding under section 3.2.6569 of the code of Virginia.

I hereby absolutely and unconditionally release and discharge Angels of Assisi, including its employees, successors, assigns, directors, officers and agents, from and against any and all claims, obligations and liabilities, of every nature and kind whatsoever, relating to or arising from my participation with the Angels of Assisi volunteer program including, but not limited to personal injury.

I further agree to:

➢ Treat all animals with respect and kindness.
➢ Approach my volunteer job responsibilities with professionalism.
➢ Promote goodwill by handling contacts with staff, other volunteers, customers, and visitors in a spirit or courtesy and cooperation.
➢ Report to my volunteer job physically and mentally fit for duty.
➢ Deal fairly with all Angels of Assisi colleagues, coworkers, supervisors, customers, visitors, volunteers, etc., without regard to their gender, race, ethnicity, religion, creed, age, sexual orientation, marital status, national origin, ancestry, citizenship, military status, veteran status, handicap or disability.
➢ Contact the volunteer coordinator if I feel discriminated against or harassed by someone in connection with my volunteering.
➢ Maintain and safeguard the confidentiality of all business, donor, employee, volunteer and animal records, credit and financial information and/or any information relating to Angels of Assisi.
➢ Observe all safety and security rules in the performance of my volunteer job duties.
➢ Report all accidents, injuries, fire, theft or unusual incidents immediately after occurrence or discovery.
➢ Contact the volunteer coordinator if I have any questions or concerns about any policies, procedures, interpersonal communications or my volunteer responsibilities.

Full name printed: ________________________________

Signature: ________________________________ Date: ____________________

If under 18:

Parent or legal guardian signature: ________________________________ Date: _______________

Witness Angels of Assisi Staff: ________________________________