



PO Box 530061, Lake Park, FL 33403  
Tel: (949) 903-9518 / Fax (866) 368-8610  
Email: [info@seniorpawsdogrescue.org](mailto:info@seniorpawsdogrescue.org)

### **VOLUNTEER APPLICATION**

**Senior Paws Dog Rescue (Senior Paws) relies greatly on the generosity of our volunteers 24/7! Please read and complete this application and return it either via mail, email or fax. These numbers will appear at the end. Thank you for your interest and we look forward to working together!**

Senior Paws is 100% volunteer, all foster-based, 501(c)(3) nonprofit organization, dedicated to rescuing abandoned, homeless and unwanted senior dogs from high-kill shelters in Florida. Our goal is to provide senior dogs with a new chance at life by matching them with loving, safe, forever families to live out their remaining years.

Volunteers with a variety of skills are needed and your help is very appreciated! The information you provide will assist us match your individual skills with work that we think you would enjoy most. After filling out the form, you can check our schedule on our “events page” for upcoming volunteer orientations. If you have other special skills, someone from our rescue will reach out to you when we can use your talents.

We’re so happy you’ve chosen to be an integral part of the lives of our wonderful dogs. We look forward to having you join our team.

### **VOLUNTEER REQUIREMENTS**

- If you are 17 or 18 years of age your parent/guardian must sign your application and waiver, as well as for any events you attend. You may also handle dogs, as well as assist any dog who may need help walking.
- If you are under 16 years or under, your parent/guardian must complete this application and waiver and accompany you at all times whenever you are volunteering.
- All volunteers 16 years or under are permitted to walk dogs in but may not assist any dogs who need help walking.
- Our focus is to build long-term relationships with you, our volunteers, and with our community. Our priority for acceptance into our program will be those persons who are willing to make a minimum commitment of ***8-10 hours a month for 6 months.***

If at any time you have questions, please reach out to an established volunteer or the Volunteer Director. We are always happy to assist, work with you, and help you become a better volunteer. Anyone may be prohibited from volunteering if he/she does not exhibit safe practices and maturity while at an event.

\*If you need to complete required hours for ***school, court or judicial affairs***, please use the “Community Service” application.

**SENIOR PAWS VOLUNTEER APPLICATION**

Date: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Are you presently employed?  Yes  No  Retired

Employer Name and Phone: \_\_\_\_\_

Are you presently in school?  Yes  No

School and grade/year: \_\_\_\_\_ Name of the adult volunteering with

you (if 16 years or younger): \_\_\_\_\_

*(Adult must also complete Volunteer Application)*

Do you have pets?  Yes  No If yes, please list breed, age, size and how long they've been with you:

\_\_\_\_\_

Are they spayed or neutered?  Yes  No

*Senior Paws promotes spaying/neutering pets to control the pet population. If any pets in your home are unaltered, would you like to take advantage of low-cost spay/neuter services?*  Yes  No

Do you have a valid driver's license?  Yes  No

If yes, please write down license number: \_\_\_\_\_ License State: \_\_\_\_\_

Do you have your own transportation:  Yes  No

***\*Please know that your answers to the following questions will remain confidential with Senior Paws:***

Have you ever been convicted of a felony crime?  Yes  No If yes, please explain:

\_\_\_\_\_

Have you ever had an animal cruelty or neglect charge brought against you?  Yes  No

If yes, please explain on a separate page and attach it to this application

Are you able to commit to Senior Paws for at least six (6) months, volunteering 6-8 hours per month?

Yes     No

Our volunteer positions are listed below. Please check any areas that might interest you:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Foster/Fospice Care                | <input type="checkbox"/> Special Event Support | <input type="checkbox"/> Adoption Event Support   |
| <input type="checkbox"/> Humane Education Assistant         | <input type="checkbox"/> Social Media          | <input type="checkbox"/> Fundraising/Outreach     |
| <input type="checkbox"/> "Meet a Pit Bull" Outreach Program | <input type="checkbox"/> Animal Transportation | <input type="checkbox"/> Collecting Donated Items |

Do you have previous animal shelter or rescue experience?     Yes     No

If yes, please provide the name and location of the shelter/rescue organizations:

\_\_\_\_\_

List any other volunteer experience, including organizations and what kind of work was done:

\_\_\_\_\_

**Please briefly describe why you want to volunteer with Senior Paws.**

Why have you chosen to volunteer with us? What do you hope to gain from being a volunteer? And feel free to boast about special skills you want to share!

Check all sizes and breeds you are comfortable working with:

Small Dogs \_\_\_\_\_

Medium Dogs \_\_\_\_\_

Large Dogs \_\_\_\_\_

Do you have any special skills that might benefit our rescue?     Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

The Volunteer Coordinator will talk with you at the first meeting to make sure you are placed in an appropriate position.

Do you have any allergies or physical or other limitations that may cause problems in performing volunteer tasks?     Yes     No

If yes, please explain: \_\_\_\_\_

Do you have any special needs or other medical conditions we should be aware of? Please explain.

\_\_\_\_\_

How did you hear about Senior Paws? \_\_\_\_\_

\_\_\_\_\_

We love any and all new and different ideas and suggestions you have that may benefit our rescue. Please let us know your ideas and suggestions at any time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note, that at any time if you have questions or concerns contact Erica Polites at (949) 903-9518 or [erica@seniorpawsdogrescue.org](mailto:erica@seniorpawsdogrescue.org).

*Senior Paws considers applicants for volunteering without regard to sex, race, age, religion, national origin or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need reasonable accommodation, please contact the Volunteer Director and we will work with you as best as possible to make your volunteer experience easy, fun and safe.*

**AUTHORIZATION AND AGREEMENT BY APPLICANT**

Senior Paws seeks to provide a safe, secure and fun environment for our resident dogs and volunteers. We require all volunteers to attend a Volunteer Orientation and other necessary training and to comply with our policies and procedures aimed toward maintaining animal health, welfare and volunteer safety.

***I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from our volunteer program. I understand that Senior Paws has the right to deny application at their discretion.***

***I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature on behalf of Senior Paws. All services will be performed at my own risk.***

***I recognize that in handling animals and performing other tasks, therein exists a risk of injury, including physical harm caused by the dogs (bites, scratches, accidents or injuries). On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless Senior Paws, its volunteers, members of the Board of Directors and Officers, from any responsibility.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature (\*required if under 18 years)

\_\_\_\_\_  
Date

**For Office Use Only**

Orientation Date: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Volunteer Position(s): \_\_\_\_\_

Background Completed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_