

Volunteer **Application**

Date:	

Centerville Pet Rescue

237 Centerville Rd. Suite 7 Lancaster, PA 17603 www.centervillepetrescue.org - info@centervillepetrescue.org

Name: First			MI I	Last				
Address:								
City:			Sta	te:	Zip: _			
Phone Number: _	er: Alternate Phone Number:							
E-Mail Address: _	ss: Date of Birth:							
Skills & Experie Please check any o and list any others Accounting Photograph	of the skills s you think r	might be val egal	uable. Business	s Administra	tion	ojects. Chec		
Priotograpi	<i>''y</i>	omputer Ski	lls Veteri	nary technic	aan			
Other Skills or Exp	erience:							
Employment Please list your cu	rrent or mo	st recent em	nployer, if applic	cable.				
Employer Name:								
Address:								
			State:					
Phone Number: _			_					
Position(s) Held: _								
Availability Please indicate the	e days and t Monday	imes you ar Tuesday	e usually availa Wednesday	ole to volunt Thursday	eer. Friday	Saturday	Sunday	
Morning								
Afternoon								
Evening								

volunteer Assign	nment Preference(s)
Adoption Cent	er Clerical Public Relations Virtual Volunteer
Fostering	Fundraising Rep at Community Events Transporting Animals
Questions	
Are you volunteering	ng to meet a requirement for school, employment or any other reason?
If YES, how many h	ours must you complete?
Have you volunteer	red for any non-profits in the past?
If YES, what was the	e name of the organization and what did you do there?
Are you currently v	olunteering for any other organization(s)?
If YES, what is the r	name of the organization(s) and what do you do there?
Do you have any pe	ets?
If YES, please tell us	s about them (Type of pet, how many, names or anything you may want to share).
	ng forward to the most by volunteering?
Optional Inform	ation
How did you learn	about CPR?
Acknowledgmer	nt
legal guardian. I understa volunteer, and that there	at I am 18 years of age or older or have completed this application with the permission and assistance of a parent or nd and agree that submitting this application form does not automatically register me as a Centerville Pet Rescue may be certain qualifications I must meet, including the acceptance of established volunteer policies and begin volunteering. To help ensure the safety of everyone, I understand that a background check will be performed
a volunteer of Centerville Rescue, its partners, asso	I attest that the information I have provided on the form is true and accurate. I acknowledge and understand that as Pet Rescue, I am not covered by workers' compensation or any other insurance policy through the Centerville Pet ciates, members or directors. I am aware that should I become a volunteer of the Centerville Pet Rescue, I am acting organization and agree at all times to act responsibly by maintaining a professional demeanor.
that this carries a risk of in hold harmless and release	part of any volunteer work for the Centerville Pet Rescue, I will come in contact with animals. Further, I understand njury, and that it is possible that I may be bitten, scratched and/or otherwise injured. By signing this form I agree to e from all liability Centerville Pet Rescue and any of its past, present or future officers, agents, volunteers, employees hich are related to the normal performance of required and implied duties.
Printed Name	