



# VOLUNTEER APPLICATION

Thank you for your interest in helping WAIF shelter animals!

**Please return to:**  
WAIF Volunteer Coordinator  
PO Box 1108  
Coupeville, WA 98239  
Ph: 360 678-8900 ext. 1111  
Email: waifvc@whidbey.net

Please print clearly

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Are you over the age of 16? Yes  No   
*(You must be 16 or older to work at shelters. Volunteer opportunities may be available for those younger than 16.)*

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact phone: Home  Work  Cell  \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your birth month and date (do not include year): \_\_\_\_/\_\_\_\_ WAIF will not divulge personal information.

**Why would you like to volunteer at WAIF?**

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**What is your experience with animals?**

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**Do you have any physical or psychological conditions which should be considered for appropriate placement (such as a heart condition, pregnancy, back injury, epilepsy, allergies, etc.)? If yes, please explain:**

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How did you hear about this volunteer opportunity? \_\_\_\_\_

Special skills and interests? \_\_\_\_\_

**For WAIF Staff Use ONLY**

Entered in database? (initial/date): (\_\_\_\_)\_\_\_\_/\_\_\_\_/\_\_\_\_ Orientation date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Attended? Yes

Training completed? Yes  Trained by: \_\_\_\_\_ Skills(s): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional training? Yes  Trained by: \_\_\_\_\_ Skills(s): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES: \_\_\_\_\_

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**Please indicate your volunteer preferences below:**

**Cat Assistant**

- Freeland Cat Cottage       Coupeville Shelter       Oak Harbor Adoption Center
- Cat Room Cleaner (8am to noon)      Yes! Maybe  Not interested
- Cat Room Attendant/Cat Socializer (noon to 4pm)      Yes! Maybe  Not interested

**Dog Assistant – Coupeville Shelter**

- Dog Walker (noon to 4pm)      Yes! Maybe  Not interested
- Dog Socializer (noon to 4pm)      Yes! Maybe  Not interested
- Dog Kennel Cleaner (8am to noon)      Yes! Maybe  Not interested
- Dog Groomer (noon to 4pm and as needed for special events)      Yes! Maybe  Not interested

**Thrift Store Volunteer**

- Freeland Thrift Store       Oak Harbor Thrift Store       Coupeville-“BaRC”
- Days Available: Sun  Mon  Tue  Wed  Thu  Fri  Sat
- Cash register attendant/greeter      Yes! Maybe  Not interested
- Merchandise arranger/display designer, decorator      Yes! Maybe  Not interested
- Merchandise sorter/pricer      Yes! Maybe  Not interested
- Donation pick-up, transfer, and recycle dump runs (driving required)      Yes! Maybe  Not interested
- Pet food bank pick-up and delivery      Yes! Maybe  Not interested

**Foster Care**

Foster volunteers provide temporary homes for animals in order to prepare them for adoption, provide care for minor illness, and ease overcrowding in the shelters. *(A additional application will be required.)*

Yes! Maybe  Not interested

**Special Event Volunteer**

- Participant in parades and dog walks      Yes! Maybe  Not interested
- Community event volunteer (ie., “Wag ‘n’ Walk” and “Spring Fling”)      Yes! Maybe  Not interested
- Animal transportation provider      Yes! Maybe  Not interested

**WAIF Ambassador**

Ambassadors serve as public liaisons at information booths, promotions, and fundraising functions.

Yes! Maybe  Not interested

**Groundskeeping/maintenance/handiwork**

Your skills may be utilized at any of our facilities. Please describe your skills and preferred locations:

Yes! Maybe  Not interested

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# WAIF Volunteer Agreement

I understand that professional conduct and ethical behavior shall be adhered to at all times.

I agree to attend required training. I agree to abide by the policies and procedures presented to me at the volunteer orientation and training. I understand that if I do not follow rules established by WAIF, I may be subject to corrective action and/or termination from the volunteer program.

I understand that I am required to wear close-toed shoes and observe safety requirements.

I understand that I am to refrain from performing duties expressly reserved for paid staff; such as, but not limited to, making animal placement decisions, dealing with animal control, and advising the public.

I understand that being under the influence of alcohol or drugs will lead to my termination.

I authorize WAIF to seek emergency medical treatment on my behalf in case of accident, injury, or illness.

**Property:** I agree that I will not use WAIF property and services for personal use. Upon my end of service, I agree to return all property belonging to WAIF, including data, records, software, and equipment.

**Confidentiality:** I understand that I am a representative of WAIF, and that I may have access to personal or privileged information regarding the organization. I agree to respect and maintain confidentiality of all donors, customers, adopters, volunteers, staff and animals of WAIF both on and offsite, during and outside of volunteer hours for the period of my volunteer tenure and for three (3) years after my departure from WAIF. I understand that any misuse of personal information or disrespectful or misleading representation of WAIF may be cause for dismissal from the volunteer program.

**Vaccination:** I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release WAIF from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.

**Volunteer:** Name (please print): \_\_\_\_\_

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

**Parent/guardian signature required if applicant is under the age of 18.**

Name (please print): \_\_\_\_\_

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

*As the parent/guardian of the volunteer applicant, I certify the applicant meets the minimum age requirement of 16 years of age.*



## WAIF Release and Waiver of Liability and Indemnity Agreement

This release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by WHIDBEY ANIMALS' IMPROVEMENT FOUNDATION (WAIF), a nonprofit corporation organized and existing under the laws of the State of Washington, its directors, officers, employees and agents (collectively, "WAIF").

I desire to participate in activities related to being a volunteer. I understand that there are inherent risks associated with animal care and its related activities.

**1. Waiver and Release.** I, the volunteer, release and forever discharge and hold harmless WAIF and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or equity, which arise from my participation with WAIF or may hereafter arise within five (5) years of my departure from WAIF.

I understand and acknowledge that this Release discharges WAIF from any liability or claim that I, the volunteer, may have against WAIF with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation with WAIF activities. I also understand that WAIF does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, or property damage.

**2. Assumption of the Risk.** I understand that my time with WAIF may include activities that may be hazardous to me, including but not limited to: exposure to commercial disinfectants, slipping hazards, lifting and loading hazards, potential injuries caused by animals, Zoonotic illnesses (human illness contracted from animals) and transportation dangers. I understand that my time with WAIF may involve at-risk activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release WAIF from all liability for injury, illness, death, or property damage resulting activity with WAIF.

**3. Photographic Release.** I grant and convey unto WAIF all rights, title, and interest in any and all photographic images and video or audio recordings made by WAIF, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

**4. Indemnity Agreement.** I agree to hold WAIF harmless for any future legal claims that arise out of my actions as a volunteer. I expressly agree to defend, indemnify and hold WAIF harmless from any and all liabilities, costs, losses, expenses (including, without limitation, reasonable attorneys' fees) or damages resulting from any third party claim, suit, action or proceeding brought against WAIF and involving or arising out of or relating to my performance.

**5. Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release, which shall continue to be enforceable.

To express my understanding of the Release, I sign here:

**Volunteer:** Name (please print): \_\_\_\_\_

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

**Parent/guardian signature required if applicant is under the age of 18.**

Name (please print): \_\_\_\_\_

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