



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@waifanimals.org

Please print clearly

Application Date: ____/____/____

Name: _____ Are you over the age of 16? Yes No
(You must be 16 or older to work at WAIF animal locations. Volunteer opportunities may be available for those younger than 16.)

Mailing Address: _____ City _____ Zip _____

Contact phone: Home Work Cell _____ Email: _____

Occupation: _____ Alternate 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?

What is your experience with animals?

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:

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: _____

Please indicate your volunteer preferences below:

Cats

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

Dogs – Coupeville Shelter

- Dog Walker (noon to 4pm) Yes! Not interested
- Dog Kennel Cleaner (8am to noon) Yes! Not interested
- Dog Groomer (noon to 4pm and as needed for special events) Yes! 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! Not interested
- Merchandise arranger/display designer, decorator Yes! Not interested
- Merchandise sorter/pricer Yes! Not interested
- Donation pick-up, transfer, and recycle dump runs (driving required) Yes! Not interested
- Pet food bank pick-up and delivery Yes! 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! Not interested

Special Event Volunteer

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

WAIF Ambassador

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

- Yes! Not interested

Groundskeeping/maintenance/handiwork

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

- Yes! Not interested

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: _____