



PAWS AND THINK, INC. VOLUNTEER APPLICATION

Please complete the application and all waivers. If you are 18 or over, you must also complete Step 1 on our [website](#) and submit your information for the required background check.

Date of Birth:	
Name:	
Address:	
City:	
State, ZIP:	
Home Phone:	
Cell Phone:	
Other Phone:	
Primary eMail:	
Alternate eMail:	

**Note: If you are between 12 and 17 years old, please have your parent or guardian (adult 25 years of age or older) complete an application and waiver, attend all training with you, and supervise your volunteer activities.*

May we include your primary email in our email mailing list? yes no

How did you hear about Paws and Think?

If you were personally referred to Paws and Think, please identify the organization and contact person there:

Program Name: _____
 Referral Source: _____

What volunteer activities interest you?

- Youth-Canine Training
- Pet Therapy (with your dog)
- Pet Therapy Classes (training and evaluation assistance)
- Fundraising
- Event Planning
- Marketing & Public Relations
- Volunteer Coordination & Hospitality
- Grants
- Design and/or Photography
- Database Management (specifically AddressTwo)
- Research & Data Evaluations
- Finance
- IT & Technical Support
- Other

explain _____

Employer: _____

Address: _____

Description of Responsibilities: _____

Are you looking for something that is similar or different than your current job?

Please describe your previous volunteer experince(s):

Organization(s): _____

Length of service: _____

Responsibilities: _____

Reason for leaving: _____

Have you had any formal education or training in the areas of "at-risk" youth, canines, or individuals with special needs/disabilities? Please explain:

Are you bilingual? What languages?

Do you feel you can make a volunteer commitment of at least six months? If not, describe how long you can commit.

Have you ever been convicted of a Misdemeanor (other than a traffic violation)?

Yes No

If yes, please explain:

Have you ever been convicted of a felony?

Yes No

If yes, please explain:

Please list a personal and professional reference (excluding family relationships)

Reference #1

Name: _____

Address: _____

City: _____

State, Zip: _____

Home Phone: _____

Alt. Phone: _____

eMail: _____

Relationship: _____

Reference #2

Name: _____

Address: _____

City: _____

State, Zip: _____

Home Phone: _____

Alt. Phone: _____

eMail: _____

Relationship: _____



Waiver of Liability and Agreement to Indemnify

I wish to volunteer my services for Paws and Think, Inc. (“Paws and Think”), an Indiana non-profit corporation, and acknowledge that certain risks may be associated with performing my services. I understand that I and my children and legal dependents may come into contact with animals (directly or indirectly) which may carry some risk of injury and illness. I do hereby release and forever discharge and hold harmless Paws and Think and its agents, officers, directors, employees, volunteers, sponsors, instructors, agents, and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation with Paws and Think. I understand that this waiver and release discharges Paws and Think from any liability or claim that I may have against Paws and Think with respect to any bodily injury, personal injury, illness, death, or property damage that may result from participation with Paws and Think, whether caused by the negligence of Paws and Think or its directors, officers, employees, agents, or otherwise. I also understand that Paws and Think does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

This waiver of liability and the agreement to indemnify will remain in full force until terminated in writing. In the event of such termination, it will remain applicable to all matters occurring on or before the date of termination. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL OF THE PROVISIONS CONTAINED IN THIS RELEASE AND WAIVER OF LIABILITY, AND THAT I HAVE FREELY AND VOLUNTARILY CHOSEN TO AGREE TO THE SAME. I FULLY UNDERSTAND THAT THIS IS A FULL AND COMPLETE CONSENT AND RELEASE OF ANY AND ALL CLAIMS AND THAT NO ADDITIONAL CONSIDERATION WILL BE PAID TO ME BY ANY PARTY HEREBY RELEASED.**

Volunteer Signature:
Printed Name of Volunteer and/or Legal Guardian:
Signature of Legal Guardian:

**Signature of Legal Guardian only required for children under 18 years of age.*

Medical Release

I am under the care of a physician and maintain regular immunizations and health checks for myself and my children. I carry health and accident insurance that covers the nature of my volunteer activities. I or my children do not have any medical conditions that, in providing my services, put me or others at risk. I do hereby release and forever discharge Paws and Think from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my volunteer services with Paws and Think. I understand that Paws and Think does not carry or maintain health, medical, or disability insurance coverage for any volunteer.

Volunteer Signature:
Printed Name of Volunteer and/or Legal Guardian:
Signature of Legal Guardian:

**Signature of Legal Guardian only required for children under 18 years of age.*

Photo Release

I agree to allow pictures of myself, my children, and legal dependents (if applicants are under 18 years of age) to be used, without compensation, for the purpose of promotion and publicity related to Paws and Think. I do hereby grant and convey unto Paws and Think all right, title, and interest in any and all photographic images and video or audio recordings made by Paws and Think during my volunteer activities with Paws and Think, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Volunteer Signature:
Printed Name of Volunteer and/or Legal Guardian:
Signature of Legal Guardian:

**Signature of Legal Guardian only required for children under 18 years of age.*

Release for Emergent Care

In case of emergency, I authorize Paws and Think to arrange for emergency medical treatment after notifying/attempting to notify the individuals listed below. (List at least two personal or professional contacts below.)

Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:
Volunteer Signature:		
Printed Name of Volunteer and/or Legal Guardian:		
Legal Guardian Signature:		

**Signature of Legal Guardian only required for children under 18 years of age.*

Confidentiality Statement

It is the policy of Paws and Think to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and to protect the confidentiality of medical, financial, and other personal information of its clients, partners, employees and volunteers. I understand this includes all protected information, as defined under HIPAA or other privacy laws, created or received by Paws and Think in any form (e.g. electronic, paper or verbal communication).

In order to safeguard the confidentiality of records and communications of its clients, partners, employees, and volunteers, employees and volunteers may only use or disclose information necessary to perform their duties. Any unauthorized viewing, dissemination, use or disclosure of such information will provide grounds for immediate termination/release. When in doubt as to whether or not information is confidential, I understand that it is my responsibility to first discuss the matter with the Executive Director, Interim Executive Director, and/or the Board of Directors of Paws and Think.

I agree to adhere to and uphold the privacy and confidentiality of our client, partner, employee, and volunteer protected information, and I acknowledge being informed about these notices and policies in regards to access and use of this information.

Volunteer Signature:
Printed Name of Volunteer and/or Legal Guardian:
Signature of Legal Guardian: