| Applicant                  |   |                                 |                          |                          |                  |  |  |  |
|----------------------------|---|---------------------------------|--------------------------|--------------------------|------------------|--|--|--|
| Please be aware that if    | you are under the age of eighteen (18   | 3), your parent or legal guard  | an will be required to c | omplete page two (2).    |                  |  |  |  |
| ull Name                   | ame Email Address                       |                                 |                          |                          |                  |  |  |  |
| Street Address             |   | City                            |                          |                          | Zip Code         |  |  |  |
| Home Phone                 | Cell Phone                              | Date of Birth Drivers Lie       |                          | s License/State ID No°   |                  |  |  |  |
| Availability               |   |                                 |                          |                          |                  |  |  |  |
| Sunday                     |   | From                            | То                       | Are Thes                 | e Times Flexible |  |  |  |
| Monday                     |   | From                            | То                       | Are These Times Flexible |                  |  |  |  |
| Tuesday                    |   | From                            | То                       | Are These Times Flexible |                  |  |  |  |
| Wednesday                  |   | From                            | То                       | Are These Times Flexible |                  |  |  |  |
| Thursday                   |   | From                            | То                       | Are Thes                 | e Times Flexible |  |  |  |
| Friday                     |   | From                            | То                       | Are These Times Flexible |                  |  |  |  |
| Saturday                   |   | From To                         |                          | Are Thes                 | e Times Flexible |  |  |  |
| Emergency Contac           | :t                                      |                                 |                          |                          |                  |  |  |  |
| Please list the nearest re | elative, parent, legal guardian, or ind | ividual you would like us to co | ontact in the event of a | n emergency.             |                  |  |  |  |
| Full Name                  |   | Email Address                   |                          |                          |                  |  |  |  |
| Street Address             |   | City                            |                          | State                    | Zip Code         |  |  |  |
| Home Phone                 | Cell Phone                              |                                 |                          |                          |                  |  |  |  |
| References (Not re         | lated to you)                           |                                 |                          |                          |                  |  |  |  |
| Name                       | Cell Phone                              | Email Ada                       | Iress                    |                          |                  |  |  |  |
| Name                       | Cell Phone                              | Email Ada                       | Iress                    |                          |                  |  |  |  |
| <br>Name                   | Cell Phone                              | Email Ada                       | Iress                    |                          |                  |  |  |  |



| Parent or Legal Guardian  |  |  |   |                              |  |  |  |
|---------------------------|--|--|---|------------------------------|--|--|--|
| By completing this secti  | ion, you hereby give consent to a                        | low your dependent to volunteer for (    | us and agree to our volunteer agreement.      |                              |  |  |  |
| Full Name                 | Name Email Address                                       |  |   |                              |  |  |  |
| Street Address            |  | City                                     | State   | Zip Code                     |  |  |  |
| Home Phone                | Cell Phone   | Date of Birth                            | Relationship to Applicant                     |                              |  |  |  |
| Additional Emerge         | ncy Contact  |  |   |                              |  |  |  |
| Please list an additional | contact you would like us to con                         | tact in the event of an emergency.       |   |                              |  |  |  |
| Full Name                 |  | Email Address                            |   |                              |  |  |  |
| Street Address            |  | City                                     | State   | Zip Code                     |  |  |  |
| Home Phone                | Cell Phone   |  |   |                              |  |  |  |
|                           | rdian Questionnaire<br>are allowing your dependent to vo | olunteer for our organization? (e.g. bui | ilds character, its a way to give back to the | community, etc.)             |  |  |  |
| Are there any tasks or du | uties you would like us to refrain fr                    | om giving your dependent? (e.g. don't    | t want them near horses, don't want them      | lifting heavy objects, etc.) |  |  |  |
|                           |  |  |   |                              |  |  |  |
| Are there any specific ty | pes of animals you would like us to                      | o refrain from allowing your dependen    | t to be around?                               |                              |  |  |  |
|                           |  |  |   |                              |  |  |  |
| Are there any health, me  | edical, or other issues we need to b                     | e aware of while your dependent is vo    | lunteering for us?                            |                              |  |  |  |
|                           |  |  |   |                              |  |  |  |
| ls there anything else yo | u would like to add that would ass                       | ist us in providing the best experience  | possible for your dependent?                  |                              |  |  |  |
|                           |  |  |   |                              |  |  |  |
|                           |  |  |   |                              |  |  |  |



| Applicant Questionnaire  |
|--|
| Why are you considering volunteering for our organization?   |
|  |
|  |
| Have you ever been convicted of animal neglect, abuse, and/or cruelty?   |
|  |
|  |
| Do you have any experience handling, training, and/or grooming animals? (Please describe your experience)  |
|  |
|  |
| What type of volunteer work are you most interested in?  |
|  |
|  |
| Are you afraid of, or alergic to, any type of animals?   |
|  |
|  |
| Are you comfortable handling large dogs by yourself?   |
|  |
|  |
| Are you comfortable handling large animals by yourself? (e.g. horses, goats, pigs, etc.)   |
| , page 18  |
|  |
| Are you aware that animals can spread zoonotic diseases to humans? (e.g. hookworm, roundworm, scabies, bordetellosis, etc.)  |
| Are you aware that animals can spread zoonotic diseases to numans? (e.g. nookworm, roundworm, scables, bordetellosis, etc.)  |
|  |
|  |
| Decribe the steps you would take if you found yourself in an emergency at our facility? (e.g. a dog bites you, you trip and fall, you accidentally let all the cats out, etc.) |
|  |
|  |
| Are you comfortable, and willing, to take direction and input from staff members and our Director?   |
|  |
|  |
| ls there anything you would like us to know that would further assist us in application selection?   |
|  |
|  |
|  |



## **Applicant Questionnaire (continued)** Have you ever volunteered for us or any other rescue, shelter, or organization before? Are you comfortable being around and handling dogs? Are you comfortable being around and handling cats? Are you comfortable being around and handling birds? Are you comfortable being around and handling reptiles? Are you comfortable being around and handling horses? Do you have experience training animals with basic commands? (e.g. sit, stay, lay down, etc.) Do you have experience training animals with advanced commands? (e.g. service/therapy animals, search animals, etc.) Do you have experience grooming animals? (e.g. bathing, brushing, trimming hair/nails, etc.) Do you have experience leash training animals? Are you willing to complete the tasks assigned to you in a timely, safe, and professional manner? Are you willing to assist other volunteers in completing their assigned tasks, if needed? Do you consider yourself a team player? Do you have a reliable form of transportation to get to and from our facility? Are you willing to manage and lead events and activities around the community? Are you willing to ensure the safe and humane treatment of the animals in our care? Have you researched what is typically required of a volunteer at an animal rescue? Are you willing to lift heavy objects such as bags of food, animals, etc? Are you willing to learn how to train and groom animals? Do you understand that we do not approve applications on a "first-come, first-serve" basis? Do you understand that we reserve the right to deny applications for any reason? Do you understand that we do not approve applicants who have been convicted of animal neglect, abuse, and/or cruelty?

Are you fully committed to being available and on-time when your are scheduled to volunteer?

## **Volunteer Application**



## Volunteer Agreement

This Volunteer Agreement (hereinafter referred to as the "Agreement") is hereby considered a contractual Agreement between Fullmer Menagerie Animal Rescue (hereinafter referred to as "FMAR", "our", "us", or "we"), a registered non-profit 501-(c)(3) organization existing under the laws of the state of Utah in the United States of America, and the below signed individual(s) (hereinafter referred to as the "Applicant(s)", "you", or "your").

This Volunteer Application (hereinafter referred to as the "Application"), including this Agreement, is subject to review and processing by our staff and/or Director. We attempt to process applications within seventy-two (72) hours, however, it may take up to twenty-one (21) days to complete application processing. By submitting this Application and signing this Agreement, you hereby acknowledge and agree to the following:

- We reserve the right to refuse and/or deny your Application, for any reason, and the right to withhold from you why a refusal/denial was made.
- We do not discriminate against any applicant, in any way, based on any protected
- classes (e.g. age, gender, race, ethnicity, religion, sexual orientation or identity, etc.). Your Application will be valid for sixty (60) days from the date of approval.
- In the event that you are under the age of eighteen, your parent or legal guardian must acknowledge and agree to this Agreement.
  Your Application will not be approved if you are under the age of eighteen (18), unless
- a parent or legal guardian has completed page two (2) of this Application and has signed this Agreement below.
- Your Application will not be approved if you have been criminally or civilly convicted with animal neglect, animal abuse, and/or animal cruelty.
- If we determine, at our sole discretion, that you have submitted this Application with false and/or misleading information, your Application will be denied.
  You may be required to submit additional information upon our request in order to
- complete application processing.
- As a volunteer you are not guaranteed or required to receive financial compensation from our organization. Your time, knowledge, and resources are voluntarily provided by you as a donation to our organization which assists us in achieving our goals.
- The tasks assigned to you are for the sole purpose of supporting our organizations programs and services, which includes assisting with the care, rehabilitation,
- socialization, and placement of our animals in their new homes.
  You are required to learn, understand, and implement humane and ethical treatment
- You are required to help create a positive environment for the animals, volunteers, staff, and guests at our facility.
- You are required to present a positive image of our organization by following all rules and guidelines in this Agreement and in the Volunteer Manual.
- You shall show a genuine interest in the vision, mission, and goals of our organization. You shall be present and on time for your volunteer commitments. If you are unable to
- participate in a scheduled volunteer shift, activity, and/or event, you shall notify a designated staff member or our Director as soon as possible so a replacement volunteer may be found.
- You shall respect the confidentiality of any and all information which relates to our organization. This includes not only internal organizational information, but more importantly, the personal information of our adopters, fosters, and guests.
- You shall accept supervision and training, and ask questions about anything you may
- You shall take pride in your work and maintain a neat and clean work area. This ensures the safety and wellbeing of yourself, the animals, volunteers and staff, and
- You shall take pride in your appearance and adhere to our dress-code, which is outlined in our Volunteer Manual.
- You shall immediately inform a designated staff member or our Director if at any point you become overwhelmed, disgruntled, angry, or otherwise feel negative about an assignment, animal, volunteer or staff, or likewise. We care about your happiness, safety, and wellbeing just as much as the animals.
- You shall not smoke, whether traditional cigarettes or electronic smoke/vapor devices, while on our facility property, at our events, or at any time while you are volunteering
- You shall not drink alcoholic beverages and/or consume controlled substances of any kind while on our facility property, at our events, or at any time while you are volunteering for our organization.
- You may resign from volunteering for our organization at any time and for any reason. We ask that you provide us with advanced notice of your intent to resign, if possible. Likewise, we may terminate your volunteer status at any time and for any reason, and retain the right withhold from you why the termination was made.
- If you are injured while volunteering for us, you shall immediately report the injury to our Director, especially in the case of any animal-related injuries. You are encouraged to consult your physician, at your own expense, for any and all injuries sustained while

- volunteering
- You shall wash your hands thoroughly inbetween and after handling any animal.
- You acknowledge and understand that we are a no-kill rescue and do not participate in utilizing euthanasia as a means of population control. However, there are certain circumstances that may require that we euthanize an animal, which are not taken lightly, and are handled on a case-by-case basis by our Director.
- You are entitled to be treated fairly and be given appreciation and encouragement of vour volunteer work.
- . You are entitled to share your ideas, thoughts, and suggestions openly and honestly. You are entitled to participate in orientations, training, and other classes and events to
- gain knowledge of our programs, services, and the care and welfare of the animals. You acknowledge and agree to review and abide by our Volunteer Manual, which is
- available on our website and will be provided to you upon application approval. You may be selected to volunteer in a variety of positions and perform various tasks. If you are uncomfortable or would like a different position, you must notify our Director
- Certain volunteer positions may require that you have a valid driver's license and vehicle insurance. These positions are only available to applicants over the age of eighteen and eligibility will be determined by our Director on a case-by-case basis.
- You shall make every reasonable effort to participate in our adoption events, fundraisers, and community outreach programs. You shall notify a designated staff member or our Director as soon as possible if you are unable to attend a scheduled volunteer shift.
- You understand and agree that working around and/or directly with animals carries a risk of illness and/or injury, and you may be scratched, bitten, trampled, or otherwise infected and/or injured while volunteering. You further acknowledge that illnesses and/or viruses may be spread to other people and/or animals you come in contact
- You understand and agree that because you will handle and/or come in direct contact with various animals, it is vital to discuss obtaining specific vaccinations with your physician prior to volunteering for us, which especially includes a tetanus vaccination
- By signing this Agreement, you hereby release, indemnify, and hold harmless FMAR from any and all claims related to the contraction, infection, virus, or otherwise health-related ailment due to your inability and/or refusal to obtain vaccination recommended by your physician.
- You understand and agree that as a volunteer for our organization you are not covered by Workers Compensation or any other insurance policy provided by our organization in the event of any damages, illnesses, or injuries sustained while you are volunteering.
- You further acknowledge and agree that you are responsible to obtain any applicable insurance coverage through an independent insurance company which will cover you as a volunteer. By signing this Agreement, you hereby release, indemnify, and hold harmless FMAR from any and all claims related to any damages, illnesses, or injuries that you may sustain while volunteering.
- You understand and agree that if you are a parent or legal guardian to the applicant, you are hereby incorporated and legally-bound by this Agreement. You further acknowledge that you have read and fully understand the risks and dangers associated with allowing your dependent to volunteer for our organization.

| Applicant Signature             |             |
|---------------------------------|-------------|
| Applicant Full Name             | Date Signed |
| Parent/Legal Guardian Signature |             |
| Parent/Legal Guardian Full Name | Date Sianed |