**Volunteer Application**

**Lucky Tales Rescue is thankful to have you on our team! We are excited to get to know you and hope that you can be another member of our rescue family.**

**Please make sure you fill out the form in its entirety. It is important for us to see what you are interested in doing as well as know what areas you would be interested in volunteering.**

**Children under the age of 18 must be accompanied by an adult. Also, a parent/guardian must sign this form for us to process it.**

Complete and return the Volunteer Application. The Application may be mailed or emailed to [luckytalesrescue@gmail.com](mailto:luckytalesrescue@gmail.com). If mailed, please send to PO Box 6694 Florence, KY 41022.

Once you submit your application, you will receive an email stating that we have reviewed your application and it is being processed. If you do not receive an email within 24 hours, please re-submit your application as we have probably not received it.

**Volunteer Profile**

|  |  |
| --- | --- |
| Today’s Date: |  |
| Name: |  |
| Street Address: |  |
| Date of birth? (if you are under the age of 18, a parent/guardian will have to sign this form as well) |  |
| Email address: |  |
| Home telephone: |  |
| Daytime phone: |  |
| Work phone: |  |

How did you hear about Lucky Tales Rescue?

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If you are here through a volunteer program, community service program or school program please indicate the following:

|  |  |
| --- | --- |
| Agency |  |
| Name of Contact Person: |  |
| Address: |  |
| Telephone |  |

Why do you want to volunteer with Lucky Tales Rescue?

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**Skills and Experience**

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| --- | --- |
| Have you had any formal education/training in pet care or animal welfare?  If so, please tell where, when and what type of training you have. |  |
| Have you done any other volunteer work?  If so, please tell where, when and what types of work you did. |  |

**Areas of Interest**

|  |  |
| --- | --- |
| Please indicate what areas you are interested in: | Canine Care Feline Care  Marketing Foster Care  Feral Cat Care Fundraising    Medical Care Other: |

**Availability**

Please list the days and times you are available for volunteer work (not required for Foster care, Marketing, Feral Cat care or Fundraising):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sun** | **Mon** | **Tues** | **Wed** | Thurs | **Fri** | **Sat** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**General Questions**

|  |  |
| --- | --- |
| Have you volunteered with Lucky Tales Rescue before?  If yes, when and what was your reason for leaving? |  |
| Have you previously adopted an animal from Lucky Tales Rescue?  If so, which animal and when? |  |
| Are you a member of another animal welfare organization?  If so, how did you participate? |  |
| Do you have any allergies or conditions that may affect your volunteer work?  If so, please describe. |  |
| Do you have a valid driver’s license? |  |

**Any Additional Comments:**

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**IF YOU ARE UNDER THE AGE OF 18, YOU MUST FILL OUT THE FOLLOWING INFORMATION**

|  |  |
| --- | --- |
| Parent/Legal Guardian Name: |  |
| Will you need a signature for any school related paperwork? |  |
| Daytime phone: |  |
| Work phone: |  |

**References--Please list two personal or business references**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Daytime Phone | Evening Phone |
|  |  |  |  |
|  |  |  |  |

**In Case of Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Daytime Phone | Evening Phone |
|  |  |  |  |
|  |  |  |  |

# Lucky Tales Rescue, Inc. Volunteer Agreement

**If accepted as a Lucky Tales volunteer, you will be required to abide by the terms of our Volunteer Agreement. The agreement below details what Lucky Tales Rescue will expect of you and what you can expect from us!**

If accepted as a Lucky Tales Rescue, Inc. volunteer, my signature below indicates that I have read, understand, and agree to the following:

* I will treat all animals and other volunteers with respect and I will work as a team member with all volunteers.
* I will make sure that I always have fun at Lucky Tales Rescue events.
* I will abide by all Lucky Tales Rescue policies and procedures and follow the directions/instructions of the Lucky Tales Rescue Directors.
* I understand the possible risk of bringing home illnesses to personal pets or vice versa and must have current vaccinations for animals at home.
* I understand the potential safety risks of working with animals.
* I am current on my tetanus vaccination and covered by a health insurance plan.
* I authorize Lucky Tales Rescue to seek emergency medical treatment for me in case of accident, injury, or illness.
* I agree to indemnify and hold harmless Lucky Tales Rescue, its Board of Directors, officers, agents, and employees from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by Lucky Tales Rescue, its Board of Directors, officers, agents, and employees.
* If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by Lucky Tales Rescue from time to time, I understand that I will no longer be permitted to volunteer with Lucky Tales Rescue.

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| --- | --- |
| Signature: |  |
| Parent/Guardian Signature (if Under 18) |  |