



# Volunteer Application

Office Use Only:

Orientation Completed on:  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete and send the following Volunteer Application (within 2 weeks of orientation) to:  
Spay Spa & Neuter Nook • 1251 West Central Avenue, Unit H • Davidsonville, MD 21035

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you presently Employed?  Yes  No      May we contact you at work?  Yes  No

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

## VOLUNTEER/BACKGROUND INFORMATION

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How did you hear about the Spay Spa & Neuter Nook Volunteer Program? \_\_\_\_\_

Have you ever volunteered at an animal clinic/shelter?  Yes  No

If yes, when and where? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any allergies, asthma, physical or psychological condition that would affect your volunteer work?

Yes  No      If yes, please explain: \_\_\_\_\_

How many hours would you like to volunteer?      Each week \_\_\_\_\_      Each month \_\_\_\_\_

Please mark your availability:

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8-12)					
Afternoon (12-5)					

## INTERESTS

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Please indicate which volunteer categories you are MOST interested in. Some positions may require additional training or time commitments.

CHECK ALL WHICH APPLY:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Appointments   | <input type="checkbox"/> Data Entry/Filing          | <input type="checkbox"/> DOG: Kennel support  |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Patient Check-in/Check-out | <input type="checkbox"/> CAT: Kennel support  |
| <input type="checkbox"/> Events         | <input type="checkbox"/> Animal Recovery/Monitoring | <input type="checkbox"/> Laundry/Packs        |
| <input type="checkbox"/> Advertising    | <input type="checkbox"/> Transport                  | <input type="checkbox"/> General Housekeeping |
| <input type="checkbox"/> Donation Banks | <input type="checkbox"/> Other: _____               |   |

Special interests/talents (i.e., grant writing): \_\_\_\_\_

Please explain any special skills, hobbies, or interests that would be beneficial to our organization:

Why do you want to be a volunteer for Spay Spa & Neuter Nook? \_\_\_\_\_

PLEASE NOTE: Our volunteer orientations are held on an appointment basis. Please indicate which day/time is best for your schedule. Please understand that orientation may take up to an hour and although we will try to accommodate your schedule flexibility is appreciated.

Day:

Time:

# Statement of Agreement General Release and Waiver

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## Statement of Agreement General Release and Waiver

I am interested in serving as a volunteer/employee for **Spay Spa & Neuter Nook**. I am prepared to receive orientation, training and supervision in order to devote time to this organization. I will hold **Spay Spa & Neuter Nook** harmless if I incur an injury while working as an employee or volunteer.

WHEREAS, the undersigned volunteer/employee (the "Volunteer/Employee") realizes that **Spay Spa & Neuter Nook** is a non-profit corporation serving animal life in Maryland and surrounding areas and;

WHEREAS, major concerns of **Spay Spa & Neuter Nook** include providing a non-lethal solution to companion animal over-population by spay/neuter and;

WHEREAS, it is unfortunate that some of the animals entering the **Spay Spa & Neuter Nook** are victims of neglect and/or mistreatment and as a result, their behavior is unpredictable; as a Volunteer/Employee I may have direct contact with animals and perform tasks that involve risk of accidental physical injury including bruises, scrapes, animal bites/scratches and the possibility of acquiring a communicable disease or illness. I have been advised of Rabies Risk and reviewed the Maryland Department of Health rabies brochure. \_\_\_\_\_  
(Initial here)

NOW, THEREFORE in consideration of (i) the foregoing premises, (ii) Volunteer/Employee being allowed in **Spay Spa & Neuter Nook** and (iii) **Spay Spa & Neuter Nook** reliance upon the execution of this waiver and release by Volunteer/Employee, Volunteer/Employee agrees as follows:  
Volunteer/Employee assumes full responsibility for any and all injuries Volunteer may sustain while serving as a volunteer at **Spay Spa & Neuter Nook** or with respect to **Spay Spa & Neuter Nook** activities away from the clinic.

- I. Volunteer assumes full responsibility for any and all medical costs associated with injuries or illnesses sustained as a Volunteer or Employee, whether at or away from the **Spay Spa & Neuter Nook**, subject to coverage under any medical insurance carried by Volunteer/Employee personally or by Volunteer/Employee's employer.
- II. The undersigned has/has not (circle one) medical insurance provided by the Volunteer/Employee or Volunteers employer. If Volunteer/Employee has indicated that the Volunteer/Employee has medical insurance, Volunteer/Employee agrees to provide a certificate of such medical insurance to **Spay Spa & Neuter Nook** upon request.
- III. Volunteer/Employee hereby releases **Spay Spa & Neuter Nook** from any all claims for personal injuries while a Volunteer/Employee at the **Spay Spa & Neuter Nook** or while performing volunteer activities away from the clinic.

I understand that I may have access to confidential information, including but not limited to donor and volunteer lists. Disclosure of confidential information of **Spay Spa & Neuter Nook** is unacceptable, and will not be tolerated. I understand that this non-disclosure applies during and after my volunteer time with **Spay Spa & Neuter Nook**. Any copying, reproducing, or distributing of confidential information is not permissible. Confidential information remains the property of **Spay Spa & Neuter Nook**. Questions concerning whether information is confidential should be directed to the Clinic Director.

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

**Date:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*If Volunteer is under 18 a parent or guardian signature is required.**

For questions and/or concerns please contact **Kathy Evans**  
Email: [info@SpaySpa.org](mailto:info@SpaySpa.org)  
Phone: 443-607-6496