

# Shelter Outreach Services of Ohio

## VOLUNTEER APPLICATION and INFORMATION FORM

691 East Dublin Granville Road | Columbus, Ohio 43229

### Contact Information:

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

Address: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Auto Insurance Carrier: \_\_\_\_\_

Are you 18 or older? Yes No (If not, a parent or guardian will need to sign below)

### Emergency Contact Information:

1) Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

1) Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

### Waiver

By signing this volunteer application form, I agree to release Shelter Outreach Services of Ohio (SOS of Ohio), its officers, directors and volunteers of the organization, from any and all claims, demands, actions or causes of action which, in any way, arise from my participation in volunteer activities or events. In case of illness or accident, permission is granted for emergency transport and/or treatment to be administered. It is further understood that I will assume full responsibility for any such action, including payment of cost.

Name (in print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If volunteer is under 18, I agree to the terms of the Waiver stated above on behalf of the volunteer.

Parent/Guardian Name (in print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Volunteer Preferences:

Would you like to work recovery at our clinic? Yes No Maybe \_\_\_\_\_

(This involves monitoring animals as they come out from anesthesia, cleaning ears, taking temperatures, and providing subcutaneous fluids as ordered by the vet, etc.)

Would you like to help with fundraising and/or supply donations? Yes No

Would you like to help with humane education for the public? Yes No

Would you like to transport animals to and/or from the clinic? Yes No

Would you like to help with general housekeeping, cleaning and maintenance? Yes No

Would you like to help with office work? Yes No  
If so, are you comfortable answering/making phone calls? Yes No  
Would you like to help with event planning? Yes No  
Do you have any special skills? (i.e. Auto repair, web design, IT skills, etc.) \_\_\_\_\_

**Availability:**

Which day(s) of the week would like to volunteer?: M T W Th F  
Please indicate your preferred shift(s)? **Recovery Volunteers:** 10:00 - 1:00 1:00 - 4:00 Other Time: \_\_\_\_\_  
**Evening Volunteer:** 4:00 - 8:00  
**Office Volunteers:** 9 - 11:00  
**Weekend Event Volunteers:** **Saturday** Morn. Aftn. Evng. **Sunday** Morn. Aftn. Evng.

How many times a week/month would you like to volunteer? \_\_\_\_\_  
Would you be available to be called in if another volunteer calls off? Yes No  
Will your availability change during the year? If so, when? \_\_\_\_\_  
Do you have personal transportation? Yes No

**Background:**

How did you hear about Shelter Outreach Services of Ohio? \_\_\_\_\_  
Why would you like to volunteer with Shelter Outreach Services of Ohio? \_\_\_\_\_  
Have you volunteered with SOS before? Yes No If so, when? \_\_\_\_\_

Please describe any previous experience you have with rescue, veterinary services and/or animal shelters:  
\_\_\_\_\_

Are you currently attending or have you attended college for veterinary medicine or veterinary technician training? If so, please describe the type/amount of training you accomplished:  
\_\_\_\_\_

What else would you like us to know about you? \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Approved? Yes No By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_