



Pasado's Student Volunteer Application

Please complete this application form if you are interested in becoming a student volunteer!

Student Community Service Hours

Many students fulfill their community service hours by volunteering with us. Once you complete the form, please return to Pasado's and we can begin your orientation.

This information is only used within Pasado's Safe Haven. Your information will not be sold or distributed unless required by law.

School Attending: Instructors Name:

First name:

Last name:

Street 1:

City:

State:

Zip:

Primary phone: OK to call here

Secondary phone: OK to call here

Email address:

Please indicate the number of community service hours needed and the due date.

Emergency Contact

Medical Insurance Provider: *

First name: *

Last name: *



Mobile phone: * OK to call here

Home phone: OK to call here

Additional Information

What do you hope to gain from your volunteer experience?
Is there any specific goal or project that you are working towards with your community service hours?

Describe any physical limitations, mental limitations and/or allergies that could affect your ability to volunteer.

Availability

Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
9am - Noon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noon - 3pm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3pm - 5pm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5pm - 7pm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Assignment Preference:
- Kitty City - cats
 - Dog Towne- dogs



- Administrative - office
- Farm- domesticated farm animals

Skill and Experience..

Let us know of any special skills you may have:

Email Preferences

We like to keep volunteers informed of important news and schedules by email. We will not send you any email you prefer not to receive. Use the checkboxes below to select the kinds of email you would like to receive from us.

What kinds of email would you like to receive?	<input type="checkbox"/> Electronic newsletters <input type="checkbox"/> Weekly Updates
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Volunteer Agreement

I understand and agree that submitting this application form does not automatically register me as a volunteer. There may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, to become an official volunteer.

By submitting this form, I attest that the information I have provided on the form is true and accurate. As a volunteer, I agree to:

- Work a regular 2 to 3 hour shift each week with a minimum of 3 full months. I will give the Volunteer Coordinator advanced notice if I am unable to make a shift. I agree to arrive promptly for my volunteer shift and to work the complete shift.
- Wear a name tag as defined in the Volunteer Handbook, at all times when I am at PSH.
- Give two week's notice when I wish to cancel my volunteer service.
- Not bring visitors to my shift unless given permission in advance by the Volunteer Coordinator and have them sign a Visitor Release form.
- Not bring pets to my shift.
- Read all communications from the Volunteer Coordinator, including the Volunteer Handbook, and attend occasional volunteer meetings and training sessions.



- Communicate with the Volunteer Coordinator about any concerns that I have about my volunteer work. I will report any injury or unsafe condition I may observe or experience while volunteering.
- Have a current Tetanus shot.
- Refer all questions regarding the animals to a staff member and will follow all safety rules and procedures.
- Agree that my picture, including video or live broadcast, may be taken during the course of my volunteer work. I give permission to PSH to utilize any pictures or video taken for use in PSH's advertising or promotion to the public.
- Conduct myself in a responsible and professional manner, and to fully represent PSH's policies when interacting with the public and deferring to a staff member if I ever encounter questions I cannot answer.
- Certify that I will keep confidential information about the public, adopters, staff or volunteers I may come to learn in the course of my duties as a volunteer.
- Acknowledge that there are certain risks involved with working animals, including but not limited to bites, scratches, zoonotic disease and allergic reactions. I am also aware that there may be risks involving the use of certain cleaning products while performing my volunteer duties. I will observe all PSH safety procedures and abide by the strict cleaning procedures.
- Certify that I am volunteering at PSH of my own free will and take any risks involved knowingly



**Washington State Patrol Background Check
REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE
INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845**

Washington State law requires us to conduct a background check on volunteers who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. All of our volunteers may be asked to work with those persons identified above. Therefore, we ask every volunteer to provide the necessary information to conduct a background check.

Your application, any additional information you provide, and the results of the background check are kept completely confidential.
We appreciate your cooperation.

APPLICANT OF INQUIRY *(The following is REQUIRED information.)*

Alias/Maiden Name:

Date of birth:

Have you been convicted of any felony crime? Yes No

Gender: Female Male

and by choice. I will not hold PSH, its employees, board of directors or agents, responsible in any way for any injury to myself while performing my volunteer duties at PSH.

- Understand PSH reserves the right to release me from my volunteer activities at any time.