



ANIMAL RESCUE FOUNDATION, INC.
P.O. Box 1032 711 S. Wilkinson Street
Milledgeville, GA 31059-1032
478-452-1-ARF (478-454-1273)
animalrescuefoundation.org
info@animalrescuefoundation.org

2015 VOLUNTEER APPLICATION

Name: _____

Address: _____

Email: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____

Volunteer Areas (please check all in which you are interested):

- Dog Care:** Kennel cleaning, socializing, bathing, laundry, dog walking, etc.
- Cat Care:** Cage cleaning, litter pans, feeding, dishwashing, laundry, socializing,
- Pet Mobiler:** Driving shelter animals to and from veterinary clinic or to the groomer.
- Pet Outreach:** Taking adoptable animals out into the community to pet therapy.
- Special Events:** Have a great time representing ARF at our special events like Holiday Pet Portraits, Annual Auction and other fundraisers and public relations events.

Special interests or talents you wish to share with ARF:

Is this for a class service project? No, Yes. If yes, # of hours _____

How many hours a month are you willing to volunteer? _____

List the days of the week AND the times you are available _____

Do you have any health issue such as allergies that we should know about in case of emergency? (This information will remain confidential unless needed) Please explain:

Emergency Contact Information: I authorize ARF to seek emergency medical treatment in case of accident, injury or illness and to hold harmless the agency in the event of accident, injury or illness.

Name of contact: _____

Phone: _____ Alternate Phone: _____

We appreciate your interest in Animal Rescue Foundation and look forward to working with you. Please read and sign the following waiver.

I, _____ am about to participate in the voluntary care of the animals at Animal Rescue Foundation (ARF), and I am doing so entirely upon my own initiative, risk and responsibility, and with the understanding that the animals I am caring for may be exuberant in their activities. Therefore, in consideration of the permission extended to me by ARF through its officers and agents, I hereby, for myself, my heirs, my executors, remise, release and discharge ARF, its officers and employees, from all claims demands, actions or cause of action, on account of any injury to me which may occur during my volunteer time.

Signed: _____ Date: _____

Please return to: Animal Rescue Foundation, Inc.
P.O. Box 1032
Milledgeville, GA 31059-1032
711 South Wilkinson Street
Milledgeville, GA 31061
info@animalrescuefoundation.org

Tour and Orientation done by: _____

Date: _____



Confidentiality Policy

It is the policy of Animal Rescue Foundation, Inc., (ARF) that board members, employees or volunteers of ARF will not disclose confidential information belonging to, or obtained through their affiliation with ARF to any person, including their relatives, friends, and business and professional associates, unless ARF has authorized disclosure in writing. This policy is not intended to prevent disclosure where disclosure is required by law.

Board members, volunteers and employees are cautioned to demonstrate professionalism, good judgment, and care to avoid unauthorized or inadvertent disclosures of confidential information and should, for example, refrain from leaving confidential information contained in documents or on computer screens in plain view.

Upon separation of employment, volunteering and at the end of a board member's term, he or she shall return all documents, papers, and other materials, that may contain confidential information.

Failure to adhere to this policy will result in discipline, up to and including separation of employment or service with ARF and potential civil penalties.

The following are examples, not an exhaustive listing of items considered confidential for the purpose of this policy: donor databases, names of those who turn in animals, adopter names, personal information such as phone numbers or addresses on client, employees, board members and volunteers.

Staff and volunteers are to consult with the President/CEO prior to releasing any information that they believe may be confidential or in any situation in which they are uncertain.

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION

I agree to the above policy regarding information I learn during the performance of my duties and I understand that it would be a violation of policy to disclose such information to anyone without written permission from the President/CEO of the Board of Directors.

Signature of Staff Member/Volunteer _____

Print name: _____ Date: _____