

VOLUNTEER APPLICATION

Thank you for your interest in volunteering. It is our policy to provide equal opportunities without regard to race, color, religion, age, gender, sexual preference, national origin or disability.

Contact Information

Name

Street Address

City, State, Zip

Phone #1

Phone #2

e-mail address

Do you have medical insurance? Y N

If so, Name of Carrier

Availability

Check all that apply:

___ Monday Hours _____

___ Tuesday Hours _____

___ Wednesday Hours _____

___ Thursday Hours _____

___ Friday Hours _____

___ Saturday Hours _____

___ Sunday Hours _____

Interests

___ Clinic ___ Transporter

___ Fundraising ___ Trapper

___ Other: _____

Special Skills

What skills and qualifications have you acquired from employment, volunteer work and/or other activities that you feel will enhance your work with our organization?

Volunteer Experience

Please summarize your previous volunteer experience with animals and other organizations.

In Case of Emergency

Name

Street Address

City, State, Zip

Phone #1

Phone #2

Relationship



Alter-Ations Inc. **Alter-Ations, Inc.;** E9624 County Rd SS,

Viroqua WI 54665; 608-629-NUTR;

www.alterationswi.org

VOLUNTEER STATEMENT OF UNDERSTANDING

By signing this form, I agree to volunteer my services to Alter-Ations, Inc. or the CATsNIP Clinic.

I understand that Alter-Ations' purpose is to provide low- or no-cost sterilization procedures, and other veterinary and testing procedures as required or necessary, for the benefit of cats and dogs, including feral and barn cats.

I understand that there are risks involved in performing these procedures. I understand that cats and dogs will scratch and bite, and may transmit disease through this process. I also understand that hazardous materials may be used in the performance of these procedures.

I understand that I must have medical insurance coverage in order to volunteer for tasks involving direct contact with dogs or cats.

I agree to seek immediate medical attention in the event that I am injured. I agree and understand that all treatment for, and all costs associated with, any personal injury or illness incurred while acting as a volunteer for Alter-Ations Inc. or the CATsNIP Clinic, regardless for the reason, will be covered by myself or my own medical or personal liability insurance.

I agree that Alter-Ations Inc., its employees, volunteers, agents or Board of Directors will not be liable for any treatment or costs associated with any personal injury or illness incurred while acting as a volunteer, regardless of the reason.

I understand that Alter-Ations Inc. upholds the right of each veterinarian to practice his/her ethics, and agree that as a volunteer I will also respect that principle.

I understand that my privilege of volunteering may be revoked at any time for inappropriate behavior to any dogs/cats or people while affiliated with Alter-Ations Inc.

I have read the "Clinic Policies" and I agree to adhere to the principles of this document while volunteering for Alter-Ations Inc.

By signing this form, I acknowledge that I have read, understood and agree to the preceding statements. I agree to volunteer my services to Alter-Ations Inc./CATsNIP Clinic under these conditions, recognizing that there are risks.

Name of Volunteer

Street Address

City, State, Zip

Phone #1

Phone #2

e-mail address

Do you have medical insurance? Y N

If yes, Name of Carrier

Signature of Volunteer

Signature of Parent or Legal Guardian,
If Volunteer is a Minor.

Date: _____