



# Volunteer Application

Thank you for your interest in volunteering with our organization. Please print out, fill in, and complete the entire application (items left blank/omissions will delay processing). Physical signatures are required.

Return this application by scanning and emailing to: [volunteer@milwaukeepetsalive.org](mailto:volunteer@milwaukeepetsalive.org) (please note, we cannot accept photographs of the application), by fax to: 414-939-8705, or by postal mail to: Milwaukee Pets Alive, P.O. Box 370137, Milwaukee, WI 53237.

Application Date: \_\_\_\_\_

## Personal Information

Last Name:		DOB:	
First Name:		Middle Initial:	
Street Address:			
City:		State:	Zip Code:
Cell Phone:	Home Phone:		Work Phone:
Preferred Email:			
Alternate Email (if applicable):			

## Emergency Contact Information

Emergency Contact Name:	
Relationship:	Phone Number:

## General Questionnaire

How did you hear about MPA?

Why do you want to volunteer with MPA?

Do you have any volunteer experience with animal welfare organizations? If so please list the organization(s):

## General Questionnaire Continued

What experience do you have with animals? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> None                                      | <input type="checkbox"/> My own pets                       |
| <input type="checkbox"/> Animal behaviorist/trainer                | <input type="checkbox"/> Worked/volunteered at a zoo       |
| <input type="checkbox"/> Worked for an animal welfare organization | <input type="checkbox"/> Worked in a veterinarian's office |
| <input type="checkbox"/> Other: _____                              |  |

Please describe any other skills, training or experience you have that could benefit MPA:

How much time are you able to dedicate to MPA?

- |  |   |
|--|---|
| <input type="checkbox"/> A few hours per day   | <input type="checkbox"/> A few hours per week             |
| <input type="checkbox"/> A few hours per month | <input type="checkbox"/> Special events and projects only |

Please select the MPA volunteer position you are interested in:

- |  |  |
|--|--|
| <input type="checkbox"/> Volunteer Coordinator               | <input type="checkbox"/> Videographer                      |
| <input type="checkbox"/> Special Events LEAD                 | <input type="checkbox"/> Photographer                      |
| <input type="checkbox"/> Special Events Coordinator          | <input type="checkbox"/> Professional Assistance:<br>_____ |
| <input type="checkbox"/> Marketing LEAD                      | <input type="checkbox"/> Other:<br>_____                   |
| <input type="checkbox"/> Marketing Coordinator               |  |
| <input type="checkbox"/> Fundraising/Development Coordinator |  |
| <input type="checkbox"/> Foster Bottle Baby Feeder/Mentor    |  |
| <input type="checkbox"/> Foster Parent (Home)                |  |
| <input type="checkbox"/> Grant Writer                        |  |

Are you able to commit to volunteering with MPA for a minimum of at least 6 months?  Yes  No

If no, please explain:

Have you ever been convicted of a felony or misdemeanor?  Yes  No If yes, please explain:

**THE FOLLOWING INFORMATION IS ONLY REQUIRED FOR TRANSPORT VOLUNTEERS!** If you are NOT interested in becoming a Transport Volunteer please skip this section and proceed to the MPA Agreement and Waiver.

Driver's License #:	Expiration:
Auto Ins. Co.	Policy # and Expiration:

## Volunteer Agreement

In consideration of this opportunity to volunteer for Milwaukee Pets Alive (MPA), I agree to the following terms and conditions:

1. I will abide by the mission, rules, regulations, policies, and programs of MPA while I am a volunteer.
2. I agree to be supervised by an MPA manager or designee and will work as a team member with all volunteers.
3. I will treat all animals, other volunteers, and the general public with dignity and respect.
4. If I will be sheltering or providing foster care or boarding for any of the MPA animals in my home, I consent to an MPA representative visiting my home from time to time to observe the animals and their living quarters.
5. I have accurately and truthfully completed this Volunteer Application and Agreement.

Agreement Signature:

Date:

## Milwaukee Pets Alive Volunteer Release and Waiver

I understand and agree that as a volunteer for Milwaukee Pets Alive (herein after referred to as "MPA"), I assume all risks of loss or injury, including death to myself or damage to my property, anywhere I am participating in the MPA volunteer program.

I understand and agree that all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind.

I understand and agree that I will not be an employee of MPA and will not receive any benefits normally available to employees of MPA. I understand and agree that MPA shall incur no liability of any nature as result of my volunteering for MPA.

I understand that in handling animals and performing other volunteer tasks there is a risk of injury, including physical harm or death, and that all services performed by me will be done at my own risk. I understand MPA strongly recommends that I keep current my tetanus immunization. I further understand that MPA recommends that any dogs and cats that I live with should be immunized by my veterinarian if they have not already been immunized.

At the cessation of my volunteering experience with MPA, or at any time during my volunteer experience upon the request of the Director of MPA, I agree that I will return any and everything belonging to MPA in my possession in the good condition it was given and trusted in to me, both tangible and intangible, including but not limited to passwords and login information for accessing online and electronic accounts, donations, supplies, logs, etc., and will personally deliver said items to the Director of MPA or another representative of MPA whom the Director directs and designates me to.

Therefore, on behalf of myself, my heirs and personal representatives, I hereby release, discharge and indemnify and hold harmless MPA and its assigns, successors, agents, staff, officers, board of directors, employees, contractors, representatives, offsite adoption location hosts, and special event location hosts from any and all claims, causes of action or demands of any nature of cause whatsoever, including costs and legal fees arising out of, or relating to, my volunteering with MPA, including, but not limited to, animal bites, disease, accidents, property damage, injuries, or death.

Release Signature:

Date:

Please check here if MPA does **NOT** have permission to use photographs of you on our website, blog, Facebook page, or other marketing materials.