



SPAN[™]
seniors' pet assistance network

P.O. Box 821173
Dallas, Texas 75382-1173

972-655-8906
seniorspets@yahoo.com
www.seniorspets.org

VOLUNTEER APPLICATION

Date: _____

Name: _____
First Middle Last

Address: _____

City, State, ZIP: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Alternate Email Address: _____

Date of Birth: _____

Minimum age for SPAN volunteers is 18.

Social Security Number: XXX - XX - ____ ____ ____ ____ (Last 4 digits only)

Driver's License Number: _____ State: _____

Liability Insurance/Insurance Company Info:

A copy of proof of insurance is required for volunteers providing transportation.

Company: _____ Phone: _____

Date of Last Tetanus Shot: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Availability:

Which weekdays: _____

Available during the day? Yes No

Available evenings? Yes No

Available weekends? Yes No

Please list/describe your experience working with animals. Include where, a description of your duties and, if applicable, contact information.

Please list/describe your experience working with seniors. Include where, a description of your duties and, if applicable, contact information.

Please list/describe any other relevant volunteer experience you may have.

Do you have any pets? If so, what kind/breed/age?

Name and phone number of personal veterinarian, if applicable.

Name: _____ Phone: _____

Please provide two personal references:

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Do you speak Spanish? Yes No **Other languages?** _____

What professional/personal resources and skills do you wish to share with SPAN?

What are your reasons for volunteering with SPAN?

Do you know any SPAN volunteers? If so, who?

I am interested in the following volunteer activities:

Delivering pet food/medication to seniors' homes

Transporting pets to vet and/or to groomer

Assisting with fundraising, membership

Coordinating other volunteers

Data input for database

Making follow-up calls to seniors

Wherever I am most needed

Optional Information

Employer Name: _____

Work Address: _____

City, State, ZIP: _____

Work Phone: _____ Title/Occupation: _____

How long have you been employed with this company? _____

Does your employer have a matching contribution program?

- Yes No Unknown

May we contact your employer about corporate sponsorship?

- Yes No

AUTHORIZATION AND RELEASE

Required to process application.

I hereby give my permission for SPAN to obtain information relating to my criminal history record through the Texas Department of Public Safety Crime Records Service and other governmental agencies. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with SPAN. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Texas Department of Public Safety Crime Records Service and SPAN and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of the Texas Department of Public Safety Crime Records Service) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer.

Applicant's Signature Date

Print Name

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Please send this completed application, along with the signed volunteer agreement (page 5), to P.O. Box 821173, Dallas, Texas 75382-1173, or scan and send it by email to seniorspets@yahoo.com. Signatures on both the application and agreement are required to process the volunteer application.
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FOR SPAN USE ONLY:

Reference Calls _____	Volunteer Number: _____
Interview _____	By: _____
History _____	Comments:
Copy of DL _____	
Copy of Insurance _____	
In Database _____	



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SPAN Volunteer Agreement/Release

1. I, _____, hereby agree to accept a position in a voluntary capacity as a volunteer for SPAN.
2. I authorize SPAN to seek emergency medical treatment in case of accident, injury or illness.
3. I understand that while performing volunteer duties on behalf of SPAN, I may encounter animals of unknown temperament. I agree to hold SPAN harmless from any injury(s) or disease(s) which I might sustain from handling animals and/or transporting them during the course of my volunteer duties.
4. I understand and agree to assume all risks involved in any and all duties that I perform for SPAN. Such duties may consist of, but are not limited to, animal handling, transporting animals, administration of medication to animals and other foreseeable duties.
5. I understand that public relations are an important part of volunteering at SPAN. I agree, therefore, on behalf of myself, my heirs, personal representatives, and executors to allow SPAN to use any photograph or video recording taken of me for use in public relations efforts. Any photographic or video images which I produce, in a voluntary capacity, will become the sole property of SPAN and as such, it may use them in any way it sees fit. SPAN will use reasonable efforts to notify me but such notification is not a condition of use under the auspices of SPAN.
6. I will not, under any condition, serve as a SPAN volunteer while under the influence of drugs or alcohol.
7. I agree to familiarize myself with all SPAN policies and procedures. I will fully comply with these policies and procedures.
8. I fully understand and agree that either for failure to comply with any and all of the obligations outlined in this Volunteer Agreement, or for any reason whatsoever, while performing my voluntary services for SPAN in a voluntary capacity, SPAN, at its sole discretion, may immediately terminate my volunteer services.

Date: _____

Signed: _____