

# Volunteer Application

*Note: Your application must be returned to the adoption center for processing. Orientations are held once a month and you will be notified when the next date is scheduled. All volunteers are required to attend an orientation before beginning service hours. Depending on your area of interest, a follow-up orientation may be necessary.*

**ALL VOLUNTEERS ARE COMMUNICATED WITH THROUGH E-MAIL**

Thank you for your interest in providing support to orphaned pets!



One of A Kind Pet Rescue  
1929 West Market Street  
Akron, Oh44313  
330.865.6200  
[www.oneofakindpets.com](http://www.oneofakindpets.com)

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Birth date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Are you currently employed? (circle one) Yes / No May be contact you at work? Yes / No If yes, phone? \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

Job Title & responsibilities \_\_\_\_\_

## Volunteer/ Background Information:

How did you hear about One of A Kind Pet Rescue? \_\_\_\_\_

Have you ever volunteered with animals before? (circle one) Yes / No If yes, where and for how long? \_\_\_\_\_

Volunteer work you have done? \_\_\_\_\_

Have you ever been convicted of a crime? (circle one) Yes / No If yes, explain: \_\_\_\_\_

List any physical or psychological conditions that may affect your volunteer work? \_\_\_\_\_

Please check the volunteer opportunities you would like to participate in:

Animal Care - cleaning cages, bathing dogs, brushing cats, general cleaning)

Dog Walker - walking dogs, taking dogs to the park, socializing dogs)

Foster Care - keeping pets in your home until ready for adoption)

Fundraising Volunteer - assist in planning fundraising events or represent One of A Kind Pet Rescue at an event)

*Note: there are additional  
volunteer opportunities within  
each area of interest*

What hours would you like to volunteer? Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

How many hours per week do you plan to volunteer? \_\_\_\_\_ List special skills you believe might benefit OOAQPR? \_\_\_\_\_

## All volunteers must adhere to the following policies:

1. Respect the animals, staff, and the public we serve
2. Respect the Policies and Procedures of the One of A Kind Pet Rescue
3. Follow all rules and guidelines for my own safety and the safety of others, including the animals
4. Notify a manager of any concerns, comments, or questions regarding my volunteer experience
5. Respect the confidentiality, privacy, and welfare of those we serve

6. Inform OOKPR if I wish to stop volunteering
7. Understand that OOKPR reserves the right to “discharge” me at any time.

Statement of Agreement/General Release or Waiver (Please read carefully and sign)

I am interested in serving as a volunteer for One of A Kind Pet Rescue and am prepared to receive any necessary training and supervision to protect the animals and myself. I will hold One of A Kind Pet Rescue harmless if I incur an injury while working as a volunteer.

The undersigned volunteer (the “Volunteer”) realizes that One of A Kind Pet Rescue is a non-profit organization and believes in the humane solution for homeless pets. The organization is dedicated to rescuing and saving the lives of pets in imminent danger, and to the spaying, neutering and adoption of homeless animals.

1. Volunteer assumes full responsibility for any and all injuries Volunteer may sustain while serving as a volunteer at the One of A Kind Pet Rescue or with respect to One of A Kind Pet Rescue activities away from the facility.
2. Volunteer assumes full responsibility for any and all medical costs associated with injuries sustained as a Volunteer, whether at or away from the One of A Kind Pet Rescue, subject to coverage under any medical insurance carried by Volunteer personally or by Volunteers employer.
3. The undersigned has/has not (strike one) medical insurance provided by the Volunteer or Volunteers employer. If Volunteer has indicated that the Volunteer has medical insurance, Volunteer agrees to provide a certificate of such medical insurance to One of A Kind Pet Rescue upon request.
4. Volunteer hereby releases One of A Kind Pet Rescue from any all claims for personal injuries while a Volunteer at the One of A Kind Pet Rescue or while performing volunteer activities away from the shelter.
5. **REMINDER:** you must be 18 years old to volunteer. Anyone under the age of 18, must be accompanied by their parent or guardian when performing service hours at all times.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent of Guardian if under the age of 18

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Internal Use Only:**

**Notes:**