



Quincy Animal Shelter

56 Broad St., P.O. Box 690088
Quincy, MA 02269-0088
Tel 617-376-1349 • Fax 617-745-5736
Email QASadopt@msn.com
Web www.quincyanimalshelter.org

How Do I Volunteer? The Quincy Animal Shelter (“QAS”) values its Volunteers tremendously. Without our Volunteers, the Shelter would not function.

Steps to Becoming a Volunteer.

1. Complete and return the Volunteer Application. The Application may be mailed or dropped off during regular adoption hours. If mailed, please send to the **Quincy Animal Shelter, Volunteer Coordinator, P.O. Box 690088, Quincy, MA 02269-0088.**
2. Attend the next Volunteer Orientation Session. Dates and times are listed on our website at www.quincyanimalshelter.org. Contact the Volunteer Coordinator at 617-376-1349 to confirm the date or send an inquiry by e-mail to volunteer@quincyanimalshelter.org.
3. Attend additional training classes as required for specific activities.

Please understand that completion of this application does not assure placement. QAS fills the positions and time slots that are needed. Accuracy and completeness of this form are important in determining the acceptability for a volunteer position with QAS. You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the qualification process. All pre-placement inquiries are made for the purpose of establishing your qualifications for placement with QAS. Please Note: **We require that all Volunteers commit to a minimum of three months.**

Thank you for contacting us. We look forward to working with you to make the world a more humane place for all animals.

Today’s Date: _____

Volunteer Profile

Name:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	E-mail address:
City, State, Zip:	Home telephone:
Daytime telephone:	Work phone number:
How did you hear of the QAS Volunteer Program?	
If you are here through a volunteer program, please indicate the following:	
Agency:	Address:
Name of Contact Person:	Telephone:

Why do you want to volunteer with the Quincy Animal Shelter?



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Skills and Experience

Have you had any formal education/training in pet care or animal welfare?

Where: _____ When: _____ Type of education/training: _____

Have you done any other volunteer work?

Where: _____ When: _____ Type of work performed: _____

Areas of interest:

Please check all that apply.

Canine care Feline care Marketing Fundraising

Foster care Feral cat care Medical care Other (Please specify) _____

Do you know any QAS volunteers? Name(s): _____ Relationship: _____

Have you ever been a volunteer at QAS before? Yes No *If yes, when?* _____
If yes, what was your reason for leaving? _____

Have you adopted an animal from QAS? Yes No *If yes, who did you adopt and when?* _____

Are you a member of any other animal welfare organization? Yes No *If yes, how do you participate?* _____

Availability:

Please circle the days/times you are available for volunteer work (not required for Foster care, Marketing, Feral Cat care or Fundraising):

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.
4 - 6 p.m.	6 - 8 p.m.	6 - 8 p.m.	6 - 8 p.m.	6 - 8 p.m.	6 - 8 p.m.	4 - 6 p.m.

Miscellaneous:

Do you have any allergies or conditions that might affect your volunteer work? Yes No *If so, please describe.*

Do you have a valid driver's license? Yes No

Please list two personal or business references:

Name:	Relationship:
Daytime telephone:	Evening telephone:
Name:	Relationship:
Daytime Telephone:	Evening Telephone:

Please list a contact in case of an emergency:

Name:	Relationship:
Daytime telephone:	Evening telephone:



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QAS Volunteer Agreement

If accepted as a QAS volunteer, you will be required to abide by the terms of our Volunteer Agreement. The agreement below details what QAS will expect of you and what you can expect from QAS.

If accepted as a QAS volunteer, my signature below indicates that I have read, understand, and agree to the following:

- I will treat all animals and other volunteers with respect and I will work as a team member with all volunteers.
- I will abide by all QAS policies and procedures and follow the directions/instructions of the QAS Executive Director and Senior Managers.
- I agree to be supervised by the appropriate Senior Managers and will report any problems that arise directly to the appropriate Senior Managers and the Volunteer Coordinator.
- I understand the possible risk of bringing home illnesses from the Shelter to personal pets or vice versa and must have current vaccinations for animals at home.
- I understand the potential safety risks of working with animals and that I may not bring friends or relatives with me while working at the shelter facility.
- I am current on my tetanus vaccination and covered by a health insurance plan.
- I agree to work a minimum of three months unless I am removed or terminated from the program. I understand that QAS relies on me to be present for all of my scheduled shifts. If I am unable to fulfill my regularly scheduled shift, I understand that it is my responsibility to arrange for a substitute for such shift. In addition, I will also provide advance notice to the appropriate Senior Manager and the Volunteer Coordinator of any such shift changes.
- I authorize QAS to seek emergency medical treatment for me in case of accident, injury, or illness.
- I agree to indemnify and hold harmless QAS, its Board of Directors, officers, agents, and employees from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by QAS, its Board of Directors, officers, agents, and employees.
- If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by QAS from time to time, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the sole discretion of the Executive Director, the Volunteer Coordinator or other Senior Managers.

Signature: _____