



100 Taps Lane
Pekin, IL 61554
PH: (309) 353-8277 Fax (309) 353-0072
www.tapsshelter.org

VOLUNTEER APPLICATION

Volunteers play a vital role within our organization. Thank you for your interest in volunteering and caring for the animals at TAPS ☺

Date (of orientation attended/ing): _____

Last Name: _____ First Name: _____ Age/DOB: _____

Additional Family Members Volunteering: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

*E-Mail Address: _____

**Note: This will help me to keep in touch and keep you informed.*

Emergency Name & Phone #: _____

Additional Information you would like to share: _____

Dog Handling Skills: (please circle) *Beginner* - 1 2 3 4 5 *Experienced*

Areas of Interest (Please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Booths | <input type="checkbox"/> Evening Lead Volunteer | <input type="checkbox"/> Fostering |
| <input type="checkbox"/> Shelter Cleaning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Adoption Counselor |
| <input type="checkbox"/> Dog Walking | <input type="checkbox"/> Front Office Helper | <input type="checkbox"/> Vet. Tech Assistant |
| <input type="checkbox"/> Dog Grooming | <input type="checkbox"/> Handy Man Repairs | <input type="checkbox"/> Kitty Cuddlers |
| <input type="checkbox"/> Dog Training | <input type="checkbox"/> Off-site Adoptions | <input type="checkbox"/> Cat Grooming |
| <input type="checkbox"/> Dog Socializing | <input type="checkbox"/> Yard/ B&G work | <input type="checkbox"/> Cat Socializing |
| <input type="checkbox"/> Vet Runs / Errands (time avail _____) | | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Prison Dog Program Drop-off/Pick-up (11am & 3PM) | | <input type="checkbox"/> BINGO |
| <input type="checkbox"/> Other _____ | | |

Release of Liability:

By signing this application, you agree NOT to hold TAPS responsible for any injuries incurred while volunteering for this organization.

I understand that when working with animals, they can become frightened, unpredictable or aggressive and may bite or scratch. Should this occur, I realize that any medical expenses will be my responsibility and I will not hold TAPS responsible for them.

Volunteer Name (please print): _____

Signature: _____ Date: _____
(Signature of Parent or Guardian needed if volunteer is under the age of 18)

Guardian's Printed Name: _____



Days / Times – Indicate only those that you will consistently be here volunteering:

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
7-9 AM							
9-11 AM							
11-1 PM							
1-3 PM							
3-5 PM							
5-6PM							
6-8 PM							

Scheduled Date / Time for post –orientation meeting: _____

Sheila's Follow Up Comments and Observations: _____

Dog Handling Skills: (please circle) *Beginner* - 1 2 3 4 5 *Experienced*

1 Month Follow-Up Contact – (Date and results noted): _____

