



**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Have you visited Black Pine in the last 2 years?  Yes  No

How did you hear about Black Pine? Why do you want to be a Volunteer at Black Pine?

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? If yes, please explain.

\_\_\_\_\_

Do you have any medical conditions that may need accommodation? If yes, please explain.

\_\_\_\_\_

Highest level of education? \_\_\_\_\_

Are you at least 16 years of age?  Yes  No

Can you at least lift 25 lbs.?  Yes  No

Training Requirements: Can you commit to 1 day/week for training for at least 1 month?  Yes  No

Volunteer Requirements: Can you commit to at least 4 hours twice a month?  Yes  No

Which days of the week would you be able to volunteer?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Please share what skills you have to offer as a volunteer with us:

- Customer Service  Outreach  Fundraising  Food Prep  Animal Husbandry  Carpentry
- Point of Sales  Public Speaking  Event Planning  Sorting  Zoological Knowledge  Electrical
- Shipping/Receiving  Tutoring  Marketing  Cleaning  Veterinary Training  Plumbing
- Merchandising  Research  Online Auctions  Dishwashing  First-Aid / CPR Certified  Welding

Please List 1 Professional Reference: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

Please List 1 Personal Reference: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, you are acknowledging that the information provide is true, and that if any of the information is found to be untrue, it is grounds for immediate termination from our volunteer program. You also acknowledge that the relationship between you and Black Pine Animal Sanctuary (BPAS) of Albion, Indiana falls under the Indiana "employment at will" laws, meaning that your status as a volunteer can be terminated at any time for any reason, with or without cause, with or without notice, by you or BPAS. As a volunteer, you are expected to abide by the information provided in our employee handbook, including but not limited to attendance, code of conduct, and safety protocols.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_



**Black Pine  
Animal Sanctuary**

Operated by Professional Animal Retirement Center (PARC), Inc.

**REFUGE for the REST of Their Lives**

**WAIVER OF LIABILITY & COMPENSATION**

By signing below, I indicate that I acknowledge and recognize the possible risk in working with animals, and that it can lead to serious injury, or even death. I understand and assume the responsibility of any and all liability and risk while doing the work of the Professional Animal Retirement Center (PARC), Inc., d/b/a Black Pine Animal Sanctuary in Albion, Indiana. I waive and release PARC, its agents, directors, and representatives from any and all claims which may accrue to me, my heirs, guardians, administrators, executors, or assignees, including my attorney’s fees and court (collecting cost “claims”) arising out of, or in the connection with doing the work of PARC.

I also grant permission to PARC and its authorized agents, directors, and representatives to use my name, image, and any other record of my participation. Further, I have been provided documentation regarding restricted areas and equipment and understand that I am only authorized to come in contact with animals, or operate equipment, as outlined in the staff handbook or by law. I understand that indication of authorization is outlined in PARC’s training documentation, and that only after proper, written verification of training am I to have any animal contact or use any equipment. I acknowledge that failure to follow the training outlined may be grounds for immediate dismissal from the property, and possible permanent expulsion from the staff volunteer program. I also understand that the job shadow/internship/volunteer program constitutes work on behalf of PARC, for which no compensation or benefits, including Workman’s Comp insurance coverage, are provided.

**ACKNOWLEDGEMENT:**

Name (PLEASE PRINT): \_\_\_\_\_

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

IF THE ABOVE SIGNED REQUIRED: VOLUNTEER IS UNDER AGE 18, THE SIGNATURE OF AN ADULT PARENT OR GUARDIAN IS REQUIRED

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACTS:**

PLEASE LIST TWO PEOPLE WHO YOU WOULD LIKE US TO CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

**FOR OFFICE USE ONLY:**

| AREA OF SKILLS, FIT & INTEREST                                                            | PROCESSING STEPS                                             |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Guest Services/Outreach/Fundraising/Event Planning               | Application Received/Advanced to VC <input type="checkbox"/> |
| <input type="checkbox"/> Animal Husbandry/Diet Preparation/Keeper Training                | Interview Completed by VC <input type="checkbox"/>           |
| <input type="checkbox"/> Maintenance/Carpentry/Electrical/Plumbing/Welding/Groundskeeping | Onboarding Completed by VC <input type="checkbox"/>          |
| <input type="checkbox"/> Other (Specify):                                                 | Advanced to ED/File Created <input type="checkbox"/>         |