



Volunteer Application

Contact info

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?

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? _____

Highest level of education? _____

Are you at least 16 years of age? Yes No

Can you at least lift 25 lbs? Yes No

Are you able to commit to 1 day per week for training for at least 1 month? Yes No Unsure

Are you able to commit to at least 4 hours twice a month? Yes No Unsure

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 to volunteer with us: Communication Marketing
Blogging Carpentry Plumbing Electrical Welding Painting
Photography Computers Web design Public Speaking Fundraising
Accounting Zoological Knowledge Cleaning

Please list 1 professional reference: _____

1 personal reference _____



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

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 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.

Name (PRINT PLEASE): _____

SIGNATURE _____ DATE _____

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____

EMERGENCY CONTACTS:

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

1) NAME _____ RELATION _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

2) NAME _____ RELATION _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____