



**FRIENDS FOR ANIMALS SANCTUARY, INC.**  
**5000 N Wickham Road, Ste 110, Melbourne, FL 32940**  
**Phone: 321-259-9627**  
**Web: [www.friendsforanimalsfl.org](http://www.friendsforanimalsfl.org)**  
**Facebook: [www.facebook.com/friendsforanimals sanctuary](http://www.facebook.com/friendsforanimals sanctuary)**  
**E-mail: [info@friendsforanimalsfl.org](mailto:info@friendsforanimalsfl.org)**

Section 1: General Information (PLEASE PRINT) Date: \_\_\_\_\_

Name \_\_\_\_\_ Co-Applicant's Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Cell Phone \_\_\_\_\_ Co-Applicant Cell Phone \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_ Co-Applicant's Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Co-Applicant's Employer: \_\_\_\_\_

Facebook Name \_\_\_\_\_ so that we can include you in our volunteer group

How did you hear about us? \_\_\_\_\_

Applicant's educational background or specialized training: \_\_\_\_\_  
\_\_\_\_\_

Co-Applicant's educational background or specialized training: \_\_\_\_\_  
\_\_\_\_\_

May we call you on advice within your occupation? (yes or no) Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Do you or the co-applicant have any special skills or talents that might benefit our volunteer organization?  
(please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience training or working with dogs? \_\_\_\_\_  
\_\_\_\_\_

Are you proficient in any computer applications? - if so, which ones? \_\_\_\_\_  
\_\_\_\_\_

What are your hobbies and/or special interests? \_\_\_\_\_  
\_\_\_\_\_

Have you or the co-applicant ever been charged with animal cruelty? \_\_\_\_\_

Have you or the co-applicant ever been an animal dealer, broker, or breeder? If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Have you or the co-applicant ever been convicted of a felony? \_\_\_\_\_

If you are a brand new member or volunteer, please provide 2 references (w/phone #'s) that we may contact

1 - \_\_\_\_\_

2 - \_\_\_\_\_

Please provide us the contact information for your veterinarian? \_\_\_\_\_

Section 2: Volunteer Interest

When are you available to volunteer (weekdays, evenings, weekends)? \_\_\_\_\_

How many hours a week would you like to volunteer? \_\_\_\_\_

Have you or the co-applicant ever been an employee of, or volunteer for, another animal humane agency or animal rights or animal activist group? \_\_\_\_\_

If so, which organization(s) was (is) it? \_\_\_\_\_

If you are still affiliated with this(these) group(s), what is your current involvement? \_\_\_\_\_

Any other comments you would like to add? \_\_\_\_\_

What areas are you interested in volunteering within FFAS? (please check)

- |  |  |
|--|--|
| <input type="checkbox"/> Foster Home Team                                  | <input type="checkbox"/> Fundraising Team                |
| <input type="checkbox"/> Transportation Team                               | <input type="checkbox"/> Telephone Work                  |
| <input type="checkbox"/> Reunion & Events Team                             | <input type="checkbox"/> Publicity                       |
| <input type="checkbox"/> Education Days at local public places             | <input type="checkbox"/> Newsletter or Word processing   |
| <input type="checkbox"/> Adoption Screening, Placement, and Follow-up Team | <input type="checkbox"/> Grant Writing                   |
| <input type="checkbox"/> Mailings  | <input type="checkbox"/> Secretarial/Administrative Work |
| <input type="checkbox"/> Home Visits                                       | <input type="checkbox"/> Thrift Store Worker             |
| <input type="checkbox"/> Bake Sales  | <input type="checkbox"/> Membership Drive                |
| <input type="checkbox"/> Raffles/Silent Auctions                           | <input type="checkbox"/> Sewing                          |

Section 3: Agreement and Certification

The undersigned (hereafter referred to as "the volunteer") has agreed to volunteer his/her services or facilities to Friends for Animals Sanctuary, Inc. (hereafter referred to as "FFAS"). The volunteer(s) acknowledges and understands that the animals involved in FFAS's program may be untrained or unhealthy, and that FFAS makes no representations whatsoever regarding the animal's temperament, health (including the presence or absence of diseases transmissible to humans or to other animals), age, ability, attitude, trainability.

The volunteer assumes all risks relating to working with the FFAS animal(s). The volunteer hereby releases FFAS, its officers, directors, participants, volunteers, and affiliates ("FFAS" Participants) from any and all claims, actions, liabilities, damages, and costs of any kind ("claims and costs") arising out of transportation, fostering, or any other work or activity with any animal connected with FFAS or a dog owned by FFAS volunteer, except that all volunteers will be responsible for actions of animal that they personally own. If anyone in the volunteer's household makes a claim, the volunteer will indemnify, defend, and hold FFAS and the FFAS participants harmless from such claims and costs. Volunteer hereby authorizes FFAS to contact the references or veterinarian contacts given in this application.

Applicant Name \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Return completed form to: FFAS Volunteers, 5000 N Wickham Road, Suite 110, Melbourne, FL 32940

Please direct questions about this volunteer form to 321-259-9627, or [info@friendsforanimalsfl.org](mailto:info@friendsforanimalsfl.org)