

* Describe a previous volunteer experience that you have had. What was the organization? How long were you a volunteer and how often did you participate? What sort of work did you do there?

* Volunteering at ACHE is not only animal related, it also involves constant contact with the general public. How do you feel about interacting with all types of people?

* What are your thoughts on spaying and neutering?

* How do you feel about euthanasia?

* If you have a companion animal or animals of your own, please tell us about them.

* Please note any special skills or interests which you would like to share with the ACHE as a volunteer. Please also let us know if you speak a foreign language.

* Do you have any physical, medical, or psychological conditions, disabilities, or allergies that would affect your volunteer duties? If so, please describe below.

* In case of emergencies who should we contact?

Name

Telephone

Relationship

BY COMPLETING THE PREVIOUS INFORMATION, MY SIGNATURE INDICATES THAT, IF ACCEPTED AS AN ACHE VOLUNTEER, I UNDERSTAND AND AGREE TO THE FOLLOWING: I agree to conduct myself in a courteous and professional manner as a volunteer and representative of the ACHE. I will abide by all ACHE policies and procedures. I agree to be supervised by the director of ACHE, senior staff, or designees and will report to the director any ideas, constructive criticisms, or problems that occur. I will keep confidential all information acquired in the course of my volunteer

service. I authorize the ACHE to seek emergency medical care in case of accident, injury, or illness and to call the emergency contact on this application. I waive the ACHE of any and all liabilities for injuries while performing volunteer services. I understand that the "ACHE" includes all employees, directors, and board members. If I fail to abide by the terms of this agreement, I will be terminated from the program at the sole discretion of the ACHE.. I relinquish all rights to the videotape, live broadcast, and photographs and grant permission to the ACHE and/or its agents to use them as the organization deems appropriate.

Signature: _____

Date: _____