



Healing Species of Texas

Healing Species of Texas, Inc. Volunteer Application

Please print

First Name Last Name

Address..... City/State/Zip.

Telephone Email
Address:.....

I agree to allow Healing Species to run a DFPS background check on my history- this will reflect any felony arrests or child abuse incidents, as well as other background information. Therefore; below is my social security number, date of birth, address and full correct name. I understand this information will be kept confidential and only used for the purposes above intended to protect Healing Species.

Social Security # Date of Birth.....

If under the age of 16, must have parent sign the

Personal Information (please circle correct response):

Gender: Male Female

Physical Limitations: No Yes (Please Explain)

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Former work/occupation **Most recent employer (optional)**.....

List previous volunteer experience

Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur

1.....

2.....

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday Saturday Sunday No Preference

Transportation: (How you will get to your assignment)

Public Trans. Walk Bus/Van Taxi/Car Svc Car

Do you have a valid driver's license? Circle one: YES NO

In an emergency, notify:

First NameLast Name

Address.....

City/State/ZipTelephone.....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

I recognize that handling previously stray/rescue animal(s) may place me and/or others with me at risk for being scratched or bitten. I understand the risks inherent in handling any previously stray/rescue.

I agree to indemnify and hold harmless the Healing Species of Texas, its officers, directors, employees, agents, and representatives from all manner of actions and causes of actions, suits, debts, dues, accounts, bonds, covenant contracts, agreements, judgments, claims and demands whatsoever arising out of my interactions with the Sanctuary animals *for any injuries that I might sustain during the course of my volunteer duties.*

I am aware that by signing this application, I agree to provide what is needed for the health, safety and well-being of, both me and, the dogs in my care for the Healing Species. *I fully understand and agree to assume all risks involved in any and all duties that I perform for Healing Species in my volunteer capacity.*

I understand I have the right to request a different assignment if I feel concerned about my safety. I must inform my supervisor immediately of any safety issues.

.....
(Signature/Volunteer)

.....
(Signature/Staff)

.....
(Date)

.....
(Parent Signature if applicable)

.....
(Date)