



Volunteer Application

The Animal Protection and Welfare Society (APAWS) is a non-profit rescue and placement organization for homeless cats/kittens and dogs/puppies, run exclusively by volunteers. The organization's mission is to help reduce the pet overpopulation crisis in the Baton Rouge and surrounding areas by advocating routine spaying and neutering, by sheltering and providing care for rescued cats/kittens and dogs/puppies until permanent homes can be found.

As a volunteer, you can have a direct impact in improving the lives of the homeless and needy animals in our care. Please carefully review the brief descriptions of the available volunteer opportunities, and select those of interest to you. APAWS representatives will provide instructions and training to you prior to your volunteer participation.

You may return the completed application to an APAWS volunteer or mail it to: APAWS, P.O. Box 40981, Gateway Station, Baton Rouge, LA 70835

Name: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Other: _____

Email: _____ (Note: If you give your email address that will be the means of communication to you by the volunteer coordinator)

Are you eighteen (18) years of age? _____ If not, how old are you? _____

Place of Employment: _____

Nature of Job (to give us an idea of your skills & talents)

Experience working with animals (include pets you currently have)

Any other special skills, talents or interests:

Are you volunteering as part of a "community service" obligation? If so, how many hours must you serve?

I am available (Check all that apply): Mornings ____ Evenings ____ Weekends ____

(continued on next page)

Please Check Those Activities You Are Interested In

- ❑ **Adoption Day Volunteer** – Greet visitors and prospective adopters, socialize and take care of animals, assist with Adoption Applications (after appropriate training.)
- ❑ **Foster Care**: Give needed temporary home, love and nurturing to the abandoned and rescued cats and dogs. Food, supplies and medical expenses are paid by APAWS. Foster parents will be required to bring foster animals to Adoption Days and to transport foster animals to and from the vet.
- ❑ **Fundraising Committee**: Plan ways and means to raise funds to cover financial obligations; prepare 2-year fundraising activity plan; assist in organization and execution of fundraising projects.
- ❑ **Adoption Committee**: Design and implement policies and procedures for adoptions and the training of adoption counselors; arrange for APAWS' participation in off-site (other than PetsMart) adoption activities; schedule adoption counselors for such activities and for APAWS' normal operating hours.
- ❑ **Telephone Committee**: Design and administer policies and procedures for the daily operation of the APAWS telephone and message system, answering the telephone and returning phone calls.
- ❑ **Public Relations**: Develop and plan programs for continuous education of the public on matters related to the APAWS mission; prepare and distribute PSA's and press releases, deal with print/TV/radio media, help with display materials, present creative ideas regarding increasing public awareness of APAWS; assist with distribution of APAWS newsletters and brochures.
- ❑ **Spay/Neuter Advocacy**: Promote community awareness of the pet overpopulation crisis in our area, and advocate the spaying and neutering of animals to help reduce this crisis; develop and implement strategies to promote spay/neuter awareness in the community.
- ❑ **Phone Duty**: Respond to messages left on the APAWS answering machine from your home or office. Instructions will be given regarding how to handle specific questions, issues and situations.
- ❑ **PetsMart Luv-A-Pet Center**: Clean cages, replenish food and water, provide attention and play time for cats kept in Luv-A-Pet center during the week.

As an APAWS volunteer, I agree to acquaint myself with the APAWS policies and to abide by them at all times. I am aware of the risks associated with this volunteer activity, and I agree that APAWS will not be responsible for any injury or damage to my person or property while I am engaged in volunteer duties for APAWS. I understand that APAWS may discontinue my volunteer services at any time for any reason.

Volunteer Signature: _____ Date: _____

APAWS Representative Signature: _____ Date: _____

Parental Consent: If you are not eighteen (18) years of age, parental consent is required to be a volunteer. Parents only sign this after reading and agreeing to the above application. Your signature will constitute permission for your minor child to volunteer with APAWS, releasing APAWS from any liability that may occur during volunteer service.

Parents Signature: _____ Date: _____