



Volunteer Application

5221 Greenway Drive Ext.
Jackson, MS 39204
Tel 601-969-1631 • Fax 601-969-1887
Email: samanthag@msarl.org
Web: www.msarl.org

Thank you for your interest in volunteering your time and love to the animals here at the Mississippi Animal Rescue League. Volunteer time and talents are an asset to MARL. There are many ways in which you can make a difference for the welfare of animals. You may wish to work directly with the animals at our shelter, or you may get involved with other important aspects of our organization's operations.

As a volunteer you can set your own hours and days that you are available to help us. If you are scheduled to work on a set day and time, we count on you to be here. If you cannot show up for work, please call and let us know.

Please complete and return the Volunteer Application. The Application may be mailed or dropped off during regular adoption hours. If mailed, please send to: **Mississippi Animal Rescue League Attn: Samantha Guillot 5221 Greenway Drive Ext., Jackson, MS 39204.**

After your application is received, you will be contacted about the next Volunteer Orientation Meeting. Please attend this so you will understand more about our mission and our shelter.

Thank you for contacting us. We look forward to working with you to make the world a more humane place for all animals.

Today's Date: _____

Name:	Birthdate: _____ Age: _____ <small>(Volunteers must be 16 or older, under 18 has to approval of guardian)</small>
Address:	E-mail address:
City, State, Zip:	Home #:
Occupation:	Cell #:
In Case of an Emergency, Contact:	
Name:	Relationship:
Address:	Telephone #:

Why do you want to volunteer with MARL?

Skills and Experience

Have you had any formal education/training in pet care or animal welfare?		
Where:	When:	Type of education/training:
Have you done any other volunteer work?		
Where:	When:	Type of work performed:

Areas of interest:

Please check all that apply.

- Canine care Feline care Special Events Fundraising
 Petsmart Adoptions Other (Please specify) _____

Do you know any MARL volunteers? Name(s): _____ Relationship: _____
Have you ever been a volunteer at MARL before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, when?</i> _____
<i>If yes, what was your reason for leaving?</i> _____
Have you adopted an animal from MARL? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, when?</i> _____
Are you a member of any other animal welfare organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how do you participate?</i>

Availability

Please indicate the days and times you are available for volunteer work :

Sunday:
Monday: CLOSED
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:
How often do you wish to work? <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> 1-2 times per month Other: _____

Miscellaneous:

Do you have any allergies or conditions that might affect your volunteer work? Yes No *If so, please describe.*

Do you have a valid driver's license? Yes No

Mississippi Animal Rescue League

ALL VOLUNTEERS MUST COMPLETE THIS FORM BEFORE WORKING FOR THE MISSISSIPPI ANIMAL RESCUE LEAGUE.

Volunteers of the Mississippi Animal Rescue League are **NOT COVERED BY WORKMAN'S COMPENSATION, GROUP LIFE, OR ACCIDENTAL INSURANCE** if injured while doing volunteer work for the Mississippi Animal Rescue League. This means that the Mississippi Animal Rescue League is not responsible and will not compensate for injury or damage.

I have read and understand this policy.

Printed Name

Signature

Date

RELEASE OF LIABILITY

I hereby waive and release the Mississippi Animal Rescue League, its employees, officers, members, and volunteers from any injury or damage resulting from the action of any animal, and I expressly assume the risk of such damage or injury while volunteering my service for the Mississippi Animal Rescue League, or while on the surrounding area thereto

I have read and understand this policy.

Printed Name

Signature

Parent of Legal Guardian, if under 18 years of age

Printed Name

Signature

Shelter Witness: _____ Date: _____

For MARL use only:

Reviewed by: _____

Acceptable: _____ Unacceptable: _____ With Parental Supervision: _____

Date Application Received: _____ Date of Volunteer Meeting: _____

Remarks: _____