



## **Welcome to Angel's Gate**

Angel's Gate, a residential, non-profit, and 501 (C) 3, hospice and rehabilitation home, for special needs animals. Here, animals many of whom are terminally and/or critically ill or physically challenged come to live out their days in peace, dignity and love.

Our focus is on wellness and quality of life. We provide for the physical, emotional and spiritual needs of each animal. We take a holistic approach in animal care, giving all needed supportive services including hospice care.

## **Angels Gate Mission Statement**

Angel's Gate is home to terminally ill and handicapped animals. We are dedicated to the rescue and multifaceted care of these special needs animals. Angel's Gate is committed to community service and education especially of children. We do this through a work study program, our young volunteers program and our innovative *Reverence for All Life Program*.

**Angel's Gate, Inc.**  
**Hospice & Rehabilitation Home for Animals**

**Volunteer Application Form**

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Birthday: (Year required only if you are under 18): \_\_\_\_\_

Current Employer Name, Address, Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have previous experience working at an animal sanctuary, shelter, or humane society? If yes, please give name, address and phone #:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were your responsibilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered anywhere else before? If yes, please give name, address and phone #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were your responsibilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have any companion animals? If yes, please note the type of animals, sex, age, if they were spayed or neutered, and where you obtained them from:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed schedule: Are you interested in volunteering (choose 1)

\_\_\_ volunteering on a regular schedule, e.g. once a week or more

\_\_\_ volunteering on a regular schedule, less than once a week

\_\_\_ volunteering on an occasional basis, when I have the time

\_\_\_ volunteering one time only, time period (s) as follows:

\_\_\_\_\_

\_\_\_\_\_

What days and times are you available?

Sunday: \_\_\_\_\_

Hours: \_\_\_\_\_

Monday: \_\_\_\_\_

Hours: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Hours: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Hours: \_\_\_\_\_

Thursday: \_\_\_\_\_

Hours: \_\_\_\_\_

Friday: \_\_\_\_\_

Hours: \_\_\_\_\_

Saturday: \_\_\_\_\_

Hours: \_\_\_\_\_

Do you prefer: \_\_\_ working alone \_\_\_ working with others \_\_\_ doesn't matter

What do you hope to gain by volunteering at Angel's Gate? \_\_\_\_\_

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

Please provide the name, phone number, and relationship of three "personal" references that can testify to your responsibility and ability to care for animals. (References will be checked): \_\_\_\_\_

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

Please provide the name, daytime and evening phone numbers of at least two business references and your association to them. \_\_\_\_\_

\_\_\_\_\_

What kinds of volunteer work are you interested in?

- shelter cleaning     pet transport     dog walking  
 playing with cats     cat grooming     dog grooming  
 horse grooming     photography     working with children  
 woodworking/carpentry     fundraising     Other

Do you have any allergies or conditions that might affect your volunteer work?

No. If  Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, who should we contact? \_\_\_\_\_  
\_\_\_\_\_

\*\*\*Angel's Gate recommends that all volunteers be current in the Tetanus Vaccinations and that their pets be current in the Rabies Vaccinations\*\*\*

## Angels Gate Volunteer Agreement

If accepted as a volunteer, you will be required to abide by the terms of our Volunteer Agreement. The agreement below details what Angel Gate will expect from you and what you can expect from Angel's Gate.

If accepted as an Angel's Gate volunteer, my signature below indicates that I have read, understand, and agree to the following:

- I will treat all animals and other volunteers with respect and I will work as a team member with all volunteers.
- I will abide by all Angel's Gate policies and procedures and follow the directions/instructions of Angel's Gate Executive Director and other Manager.
- I agree to be supervised by the appropriate Manager and will report any problems that arise directly to the appropriate Manager and/or Volunteer Coordinator.
- I understand the possible risk of bringing home illnesses from the Shelter to personal pets or vice versa and must have current vaccinations for animals at home.
- I understand the potential safety risks of working with animals and that I may not bring friends or relatives with me while working at the Angel's Gate facility.
- I am current on my tetanus vaccination and covered by a health insurance plan.
- If I am unable to fulfill my regularly scheduled shift, I understand that it is my responsibility to provide advance notice to the appropriate Manager or Volunteer Coordinator.
- I authorize Angel's Gate to seek emergency medical treatment for me in case of an accident, injury or illness.
- I agree to indemnify and hold harmless Angel's Gate, its Board of Directors, officers, agents, and employees from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by Angel's Gate, its Board of Directors, officers, agents, and employees.
- If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by Angel's Gate from time to time, I understand that I will be terminated from the program. I also understand that I may at anytime be removed from my position as a volunteer

at the sole discretion of the Executive Director, the Volunteer Coordinator or manager.

- To permit Angel's Gate to use, without cost, any photographs, videos or audios taken of you while performing duties for the sanctuary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Junior Volunteers**

Angel's Gate, Inc. welcomes children below the ages of 18 but not younger than 12 years old (a minor) However, before permitting a minor to perform volunteer duties for the Sanctuary, the parent or legal guardian of the applicant must sign this Application. By signing this Application, the parent or legal guardian agrees to and will be bound by all the terms and conditions set forth above, including but not limited to the release of liability.

Further, by signing this application, the parent or legal guardian of the applicant believes the applicant is of sufficient maturity and understanding to perform volunteer duties for Angel's Gate.

I represent to Angel's Gate that I am the parent (legal guardian) of the applicant and I have the authority to sign this Application.

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_