



# THE PHILIPPINE ANIMAL WELFARE SOCIETY VOLUNTEER APPLICATION



PLEASE PRINT ON ONE PAGE (BACK TO BACK) ONLY SO WE CAN SAVE ON FILING SPACE.

Send this application form via snail mail to:

The Philippine Animal Welfare Society, Inc. 87 Small Horseshoe Dr., New Manila, Quezon City Philippines  
or handcarry it to the PAWS Animal Rehabilitation Center (PARC) Aurora Blvd. Katipunan Valley, Loyola Heights, Quezon City

DATE OF APPLICATION \_\_\_\_\_

Thank you for your interest in the Philippine Animal Welfare Society's volunteer program. Our mission is to promote respect for all animals and free them from suffering, abuse, and exploitation. To accomplish this mission, the organization will shelter homeless animals, place animals into humane environments, promote humane education, investigate animal cruelty, rescue animals in distress and serve as advocates for all animals.

We are always looking for volunteers to help us further this mission. However, we ask that all volunteers are at least 15 years of age. If you are below 15 years old, your parent or guardian should co-sign on this application form.

This application should be completed and returned to the Philippine Animal Welfare Society (PAWS). Upon review of your application, you will be invited to the next series of orientation and training classes. All volunteers will be required to attend orientation class.

If you have any question, please do not hesitate to call the office at 475-1688. Thank you again for your interest and support to PAWS.

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

Contact Nos.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Workplace/School: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_

Are you related to anyone at the PAWS? If yes, who? \_\_\_\_\_

How did you hear about the PAWS volunteer program \_\_\_\_\_

Please indicate the most convenient days and hours for you to volunteer for PAWS

Mon \_\_\_\_\_ AM \_\_\_\_\_ PM  Wed \_\_\_\_\_ AM \_\_\_\_\_ PM  Fri \_\_\_\_\_ AM \_\_\_\_\_ PM  Sun \_\_\_\_\_ AM \_\_\_\_\_ PM  
 Tue \_\_\_\_\_ AM \_\_\_\_\_ PM  Thu \_\_\_\_\_ AM \_\_\_\_\_ PM  Sat \_\_\_\_\_ AM \_\_\_\_\_ PM

## VOLUNTEER OPPORTUNITIES (Please underline your choice/s and on a scale of 1 to 10, indicate your area of interest) 10 = Most Interested 1 = Least Interested

- Admitting** - Receive incoming animals and assist in completing necessary paperwork. Must have full understanding of admission guidelines and procedures -- and that the aim of PAWS animal shelter is to educate people about responsible pet ownership and spaying/neutering to prevent animal overpopulation and homelessness.
- Adoption Follow-up** - Monitors adoption cases to see how the animals and their guardians getting along. The program was developed to assure fewer returned animals. These calls may be made from home or office.
- Clinic Assistant** - Assist PARC veterinarian process incoming animals and prepare them for adoption. Includes preparing vaccinations, cleaning ears and general grooming. A minimum of 20 hours in admitting is required for this purpose.
- Direct Animal Care** - Assist approved adopters, exercise dogs, cats, puppies, or kittens, clean cages, help with feeding, and basic grooming as needed.
- Foster Care** - Care for shelter animals in your home. These animals are future adoption candidates too young or ill at the time of admission. All medicine and supplies will be provided by PARC. Additional training is required.
- Office Assistant** - Process adoption paperwork (including counseling), answer phones, take cruelty and lost & found reports, and assist public with general questions/directions.
- Adoption Team** - will do EVERYTHING and ANYTHING to get more "exposure" for shelter animals and tell their stories to increase their chances of getting adopted. Some members are also bloggers who try to utilize the web to spread the word about adoption!
- Match-Maker** - Match animals with adopters who are looking for a particular breed or breed mix, personality traits, specific size, sex or age.
- Dr. Dog (Pet-Facilitated Therapy)** - Visit nursing homes, adult day-care centers, women and children shelters & hospitals, schools and other establishments.
- Humane Education** - Giving presentation at elementary schools regarding issues such as responsible pet ownership, pet handling and safety, pet overpopulation and endangered species.
- Special Events** - Represent PAWS in local events where PAWS is actively participating, man adoption booths and sell paws merchandise
- Disaster Relief** - Assist the Disaster Relief Team in the disaster site or at command posts.
- Dog Training and Rehabilitation Team** - Works in close coordination with volunteer trainers and senior volunteers/dog handlers with the task of making shelter dogs fit for adoption by socializing them and working on their behavioral problems like aggression, fear or shyness. Special training and pre-exposure vaccination against rabies is required.

# QUESTIONNAIRE:

1. What language/s do you speak? \_\_\_\_\_
2. Do you have any experience as a volunteer?  Yes  No. If yes, with what organization? \_\_\_\_\_  
If you are no longer participating as a volunteer, why did you leave? \_\_\_\_\_
3. Are you a current contributor of PAWS or other animal protection organization? \_\_\_\_\_
4. Volunteering at PAWS 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? \_\_\_\_\_
5. There are, unfortunately, instances when some animals have to be euthanized due to lack of funding or space. How do you feel about this? (Volunteers are never compelled to participate in this area). \_\_\_\_\_
6. What are your thoughts on spaying and neutering? \_\_\_\_\_
7. If you have companion animals of your own, please tell us about them \_\_\_\_\_
8. Please indicate any special skills or interest, which you would like to share with the PAWS as a volunteer. \_\_\_\_\_
9. Do you have a car and would you be willing to drive it to transport animals as part of your volunteer work?  Yes  No
10. Do you have any physical, medical, or psychological limitations, disabilities, or allergies? \_\_\_\_\_
11. Person to contact in case of emergency. Name: \_\_\_\_\_  
Contact Nos.: (landline) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
Relationship \_\_\_\_\_

## VOLUNTEER AGREEMENT

### IF ACCEPTED AS A PAWS VOLUNTEER, I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. I fully understand that my services are provided strictly in a voluntary capacity and I agree to provide my services to PAWS strictly as a volunteer. I understand that I will receive no compensation, salary, employee benefits or payment of any kind for the services I render.
2. I will never strike an animal, or handle or treat an animal in such a way that it would be construed as rough or abusive. I will always exercise compassion and care with the animals.
3. I will be punctual and conscientious, conduct myself with dignity, courtesy, and consideration for others, and strive to make my work professional in quality.
4. I will purchase and maintain appropriate Volunteer attire and maintain a well-groomed appearance for all Volunteer assignments.
5. I will volunteer at least 8 hours per month for at least 6 months.
6. I will abide by all PAWS policies, regulations and procedures.
7. I will be supervised by the Director in charge of volunteers or designee and report to the director any ideas, constructive comments, or problems that arise.
8. I will keep confidential all information acquired in the course of my volunteer service.
9. I authorize PAWS to seek emergency medical care in case of accident, injury or illness and to contact the emergency number on this application.
10. I fully understand and agree to assume all risks involved in any and all duties that I perform for PAWS in my volunteer capacity. Such duties might include, but are not limited to, animal handling, clinic assistance and other volunteer duties.
11. I fully understand PAWS/PARC handles large numbers of animals on a daily basis. The temperament of these animals is often unknown. I agree to hold PAWS harmless for any injury(s), ie. dog bites, cat bites, scratches, etc. which I might sustain from handling animals during the course of my volunteer duties.
12. If I fail to abide by the terms of this agreement, I will be terminated from the program at the sole discretion of PAWS.

As a parent or legal guardian of the above-named Volunteer applicant, I hereby give consent for my child or ward, as the case may be, to become a Volunteer for PAWS as described in the above Volunteer Agreement and, by the signature below, join in and agree to be bound by the terms and conditions herein.

\_\_\_\_\_  
PRINT NAME AND SIGN

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN NAME AND SIGN  
(If applicant is under 15 years of age)