

# VOLUNTEER APPLICATION



Thank you for your interest in becoming a TO Rescue Volunteer!  
Volunteers play a vital role within our organization.  
Without your support we would not be able to assist nearly as many animals in need of help as we do.

All volunteers are required to be 12 years of age or older. If you are between 9 and 11, you may volunteer if a parent or legal guardian becomes a volunteer and attends with you.

**MUST BE FILLED OUT COMPLETELY PRINT CLEARLY**

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

Are you over the age of 12? Yes No (If no, parent or legal guardian must attend with you)

Address: \_\_\_\_\_  
City Zip code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for volunteering: \_\_\_\_\_

Do you have prior experience volunteering with animals? (Please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies to animals? \_\_\_\_\_

Do you have any limitations we need to be aware of? \_\_\_\_\_

What days and time are you available? \_\_\_\_\_

When can you start? \_\_\_\_\_  
Date

Emergency Contact \_\_\_\_\_  
Name Phone number

I agree and understand that as a Volunteer, The Ontario Rescue (TO Rescue) is not obligated to provide me any payment or benefit for my services. I also agree to hold TO Rescue harmless of any injury(s) or disease(s) which I might sustain from handling animals during the course of my volunteer duties.  
I fully understand and agree to assume all risks involved in any and all duties that I perform for TO Rescue.

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

PLEASE COMPLETE BACK OF FORM - SIGNATURE REQUIRED FOR ALL MINORS COPY OF STUDENT ID REQUIRED.

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I understand IT IS MY RESPONSIBILITY to sign in and out on the volunteer time sheet DAILY and have it signed DAILY by a rescue representative. ONLY volunteer time sheets that are

completed correctly will be verified by TO Rescue. \_\_\_\_\_ Volunteer Initials

\_\_\_\_\_ Parent Initials

## PARENT OR LEGAL GUARDIAN OF MINOR VOLUNTEER

As a parent or legal guardian of the above named volunteer, I hereby give consent to allow my child/ward to preform volunteer services for TO Rescue as described within the Volunteer Application. I understand it is the responsibility of the volunteer to keep accurate record of their hours and to ask for a copy if required for class/school. I fully understand and agree to all terms and conditions as set out in the above mentioned statement, and have to the best of my ability explained them to my child/ward.

I understand and agree to the release section herein.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Phone Number

The Ontario Rescue  
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