



Volunteer Application

Bend Spay & Neuter Project
61344 Parrell Road
Bend, Oregon 97702
541-617-1010

Name _____ Date _____

Home Phone _____ Cell Number _____

Email Address: _____ Preferred Contact Method: **Phone** **Email**

Address _____

City _____ State _____ Zip Code _____

How did you hear about us? _____

Are your animals spayed or neutered? _____

Experience _____

Please provide us with a reference from someone who is not related to you.

Name _____ Phone number _____

Relationship _____ Number of Years Known _____

Are you interested in? (check all that apply):

Availability (please list days & hours)

In Clinic Volunteering

- Recovering Cats after Surgery
- Cleaning Cages, Carriers, and/or traps
- Wrapping & Sterilizing Surgical Instruments
- Answering Phones/ Making Phone Calls
- Vet Assistant (Experience required)

- *Monday: _____
- *Tuesday: _____
- *Wednesday _____
- Thursday: _____
- Friday: _____
- **Saturday: _____
- **Sunday: _____

Offsite Volunteering

- Community Events and Adoption Events
- Trapping and Transporting Cats
- Distributing Flyers and Fundraiser Magnets
- Fundraising Committee
- Fostering in your home

- * In Clinic Volunteer days
- **Most offsite event days

Cats _____ Kittens _____ Mother Cats and Babies _____ Special needs cats

Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

FOR OFFICE USE ONLY

Date Reviewed _____ E-mail Entered _____
 Placement _____ Entered _____
 Trained by _____
 Notes _____



Volunteer Waiver

Bend Spay & Neuter
Project
61344 Parrell Road
Bend, Oregon 97702
541-617-1010

By signing below, I agree to volunteer for The Bend Spay & Neuter Project and to comply with Bend Spay & Neuter Project Guidelines. I understand and agree to the following:

- The purpose of the project is to spay & neuter companion animal and wild cats.
- The animals may be unpredictable and aggressive (especially while recovering from anesthesia) and there is a risk of being bitten or scratched.
- Wounds inflicted by animals can be serious. They may cause infection, which could require professional medical attention, antibiotic therapy and hospitalization.
- It is recommended that a doctor immediately evaluate any wound inflicted by an animal during volunteer work with the project.
- Any treatment or costs associated with any illness or personal injury incurred while acting as a volunteer for the project, regardless of the reason, shall be covered by me (the volunteer) or my own medical or personal liability insurance.

I have read and understand the preceding and agree to volunteer my services to the Bend Spay & Neuter Project recognizing that there are risks.

I agree to hold the Bend Spay and Neuter Project and it's employees and agents harmless from any and all illnesses or personal injuries that I might incur while volunteering in any capacity for the clinic.

VOLUNTEER NAME (PRINT) E-MAIL ADDRESS YES NO
Do you check email often?

ADDRESS, CITY, STATE, ZIP

PHONE NUMBER(S)

SIGNATURE

DATE

PARENT/GUARDIAN (IF UNDER 18):

SIGNATURE

DATE