

Mailing Address:
P.O. Box 904
Divide, CO 80814

Physical Address:
308 Weaverville Rd.
Divide, CO 80814



Phone: 719-686-7707
Fax: 719-686-7428

Email: office@tcras.org
Website: www.tcrascolorado.org

Volunteer Application

Thank you for your interest in volunteering with the Teller County Regional Animal Shelter! Volunteers play a vital role within our organization and allow us to assist many more animals who need help in our community. The staff and animals depend on our volunteers, your dedication and time. Please complete the application below. Select the volunteer activities that most interest you. Upon receipt of your application, we will notify you of the next Volunteer Orientation. Depending on the activities you choose, additional training may be required. **Please print your responses clearly.**

Name: _____ Age (if under 21): _____ **Today's Date:** _____

Mailing Address: _____

City, State, Zip: _____

Phone (H): _____ (C): _____

Email: _____

How did you hear about TCRAS? _____

Do you have experience working with animals? Yes No If yes, please describe: _____

Describe any present or previous volunteer work you have done: _____

Please choose your area(s) of interest:

Dogs: ___ Dog walking ___ Grooming & Bathing ___ Kennel cleaning
 ___ Behavioral training ___ Dog/puppy fostering ___ Transport dogs to events

Cats: ___ Cat socializing ___ Morning kennel cleaning ___ Behavioral training
 ___ Cat/kitten fostering ___ Transport cats to events

Office: ___ Mailings ___ Data entry ___ Filing
 ___ Writing ___ Photography of animals

Events: ___ Farmer's Market ___ Help at events ___ Event planning
 ___ Off- site adoption fairs ___ Fundraising ___ Table at shot clinics

Other: ___ Building painting ___ Carpentry ___ Sewing/Crafts

Other talents to share? (describe) _____

Many times we need help transporting animals to and from special events, off site adoption fairs, etc. Please answer the following questions, keeping in mind your responses will be held in the strictest confidence by TCRAS.

- Do you have a valid Colorado driver's license? Yes No
- Do you have your own transportation and insurance? Yes No
- Would you be willing to transport animals as part of your volunteer work? Yes No

Emergency Contact:

Name _____ Relationship _____
Phone (H) _____ Phone (C) _____
Phone (W) _____

References that are not family members (name and phone numbers)

1. _____
2. _____
3. _____

I, _____, confirm that the information provided on this application is correct and I give permission to Teller County Regional Animal Shelter (TCRAS) to verify any of the information given. I understand the commitment involved and acknowledge that my services are offered at my own risk. I wish to serve as a volunteer with TCRAS under the supervision of the shelter staff, acknowledge that I have been informed that, at all times when I may be performing volunteer activities I am NOT covered by TCRAS, Teller County, Workman's Compensation Program, nor am I covered by any other form or type of insurance. I recognize that if I wish to be insured for any risks during the course of my performance of said volunteer activities, it is my responsibility to secure and pay for such insurance. I do hereby consent and agree that TCRAS, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promotion and fundraising. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to TCRAS, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I further understand the possibility of risk associated with volunteering and hold harmless TCRAS and/or Teller County for any injury that may occur in the performance of these volunteer duties. I also agree to adhere to TCRAS's policies and carry out my duties as a TCRAS volunteer effectively. I have read the above waiver and agree to abide by its contents.

Signature

Date

**Parent or Legal Guardian
(Of Volunteer 17 and Younger)**

As a parent or legal guardian of the above-named Volunteer, I hereby give consent for my child or ward, as the case may be, to become a Volunteer for Teller County Regional Animal Shelter, Inc., as described in the above Volunteer Agreement and, by my signature, join in and agree to be bound by the terms and conditions of the Release on this page.

Signature of Parent or Legal Guardian

Date

Please send completed and signed application to TCRAS, P.O. Box 904, Divide, CO 80814, or drop it off at 308 Weaverville Road in Divide. You can also email it to office@tcrascolorado.com. Call 686-7707 for more information.

“Volunteers do not necessarily have the time, they just have the heart.”