



**KNYSNA
ANIMAL WELFARE SOCIETY**
NPO: 009-263
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Tel: 044 384 1603 * Emergency: 073 461 9825 * Fax: 086 512 8919

VOLUNTEER APPLICATION

Knysna Animal Welfare encourages the participation of volunteers who support the following mission: “to provide shelter and care for animals; to provide programmes and services which enhance the bond between animals and people; to be advocates for animals...speaking for those who cannot speak for themselves”.

All potential volunteers must receive an interview prior to placement. We also require that all volunteers participate in our training programme as part of their work experience. If you are agree with our mission and are willing to be interviewed and trained, we encourage you to complete this application. The information on this form will help us to find the most satisfying and appropriate job for you. Please *PRINT* your responses.

| | |
|--------------------------|--|
| DATE | |
| NAME | |
| ADDRESS | |
| HOME phone number | |
| WORK phone number | |
| CELL PHONE number | |
| EMAIL ADDRESS | |

| | |
|--|--|
| IN CASE OF EMERGENCY WHO SHOULD WE CONTACT? | |
| Name | |
| Contact number | |
| Relationship to you | |

| | |
|------------------------------|--|
| ARE YOU A STUDENT? | |
| If so, which school/college? | |
| Which grade/level ? | |

| | | |
|--|-----|----|
| ARE YOU CURRENTLY EMPLOYED? | Yes | No |
| If yes, please state your work schedule below | | |
| | | |

| | |
|--|----------|
| ARE YOU ABLE TO COMMIT TO REGULAR VOLUNTEER WORK AT KAWS? | |
| Yes | No |
| If yes, when are you available? | |
| Monday | Friday |
| Tuesday | Saturday |
| Wednesday | Sunday |
| Thursday | |

| | |
|--|----|
| DO YOU HAVE ANY PETS? | |
| Yes | No |
| Are they spayed or neutered? | |
| Yes | No |
| If not, have you any plans to breed them? | |
| Yes | No |

| |
|---|
| DO YOU HAVE ANY SPECIAL SKILLS, TRAINING, INTERESTS OR HOBBIES ? |
| |

| | |
|--|-----------------------------|
| WHAT KIND OF VOLUNTEER WORK ARE YOU INTERESTED IN? Please tick below. | |
| Reception/telephone duty in office | Groomer |
| Office work – filing, typing | Cat Socialisation |
| Meet and greet at our clinic | Dog Socialisation |
| Fundraising | Foster Parent |
| Street Collections | Lost and Found co-ordinator |
| Kennel maintenance | Weekend feeding |
| Kennel gardening | Dog walking |
| Animal Photography | Home checks for adoptions |

| | | |
|---|----|------------------------|
| ARE YOU COMFORTABLE WORKING WITH AND HANDLING ANIMALS? | | |
| Yes | No | Only under supervision |

| | |
|--|---|
| IF YES, PLEASE INDICATE THE ANIMALS THAT YOU ARE HAPPY TO WORK WITH | |
| Small/ Medium dogs | Puppies |
| Medium/Large dogs | Kittens |
| Cats | Rabbits, guinea pigs or other small animals |
| Any other areas of interest not listed above? | |

HOW DID YOU HEAR ABOUT THE KAWS VOLUNTEER PROGRAMME?

WHY DO YOU WANT TO BECOME A KAWS VOLUNTEER?

DESCRIBE ANY PREVIOUS EXPERIENCE WORKING WITH ANIMALS

DISCLAIMER

I, the undersigned hereby acknowledge that;

1. I am offering my services to the Knysna Animal Welfare Society on a voluntary basis and that I understand the risks involved in doing so,
2. I agree that I do so entirely at my own risk,
3. I am 18 years or older.

Furthermore, I agree that;

4. The Knysna Animal Welfare Society, their employees, representatives, management committee or agents, will not be held liable for the possible death of, injury to or harm to myself or any property or possessions belonging to me, whether arising from negligence, including gross negligence, or any other cause whatsoever arising from my participation in any voluntary services at any given time.

I, _____ agree that should I be accepted into the KAWS Volunteer programme, I will undertake any relevant training that may be required to become a KAWS volunteer and I will uphold the aims and ideals of Knysna Animal Welfare Society. I am also prepared to commit to providing a regular volunteer service. I have read and fully understood the above terms and conditions

Signed _____

Parent/Guardian if under 18 _____

Date _____