



Student Community Service Application

Thank you for your interest in volunteering at the Animal Refuge League of Greater Portland. We are excited to connect with community members who are as dedicated and enthusiastic about animals as we are!

Our mission is to provide temporary care and shelter for stray, abandoned, confiscated and relinquished animals, and to place as many as possible into responsible and caring homes; to work to create awareness and support for the humane treatment of all animals; to end animal overpopulation through education and the promotion of spaying and neutering; to make end-of-life decisions based on safety and animal welfare considerations.

The School Community Service Program is designed for students who are required to perform community service hours for educational purposes. Duties in this program are general shelter upkeep and assistance (organizing pet food, laundry, photocopying, etc.)- all extremely important, high demand jobs at the shelter. **There is no direct animal care involved.**

COMMUNITY SERVICE REQUIREMENTS & RESTRICTIONS

- Students can volunteer independently if at least 16 years old (with parent/guardian approval).
- Students between the ages of 13 and 16 **must** be accompanied by a parent/guardian.
- All volunteers are required to have current health insurance.
- There is no orientation required.

CONTACT INFORMATION

Completed applications can be mailed, emailed, or dropped off at the shelter:

Shannon Cote, Volunteer Coordinator
Animal Refuge League of Greater Portland
PO Box 336
217 Landing Road
Westbrook, ME 04098

If you have any questions about the application process, please contact Shannon Cote, Volunteer Coordinator, at scote@arlgp.org or (207) 517-3934

***Office use only**

Active	
Inactive	



Student Community Service Application

Today's Date:

Name:	Date of Birth:	Age:
Street Address:		
Town/City:	State:	Zip:
Primary Phone #: (please circle): cell home work	Alternate Phone #: (please circle): cell home work	
Email: <i>(Required, as this is our primary form of communication with you)</i>		
Do you have current health insurance? YES NO Who is your insurance provider?		
What led you to consider the Animal Refuge League for community service requirements?		
Have you ever been convicted of a crime? YES___ NO___ IF YES, please explain:		

EMERGENCY INFORMATION	
Name:	Relationship to you
Primary Phone #:	Alternate Phone #:
Do you have allergies, disabilities, or other limitations that require accommodation or be taken into consideration?	

TIMES AVAILABLE TO WORK (please list the days and hours you are available to volunteer)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

COMMUNITY SERVICE INFORMATION

School or educational organization requiring hours:	
Hours needed:	Due date for hours:
Teacher/Group Leader: (if applicable)	Phone number:

VOLUNTEER PARTNER

Volunteers 13, 14, or 15 years of age must volunteer with a parent/guardian.

Please fill out the following information for the parent/guardian volunteering with student:

Name:	
Street Address and Town: <i>(if different than student)</i>	
Primary Phone #	Email:
Your relationship to student:	
Do you have any allergies (latex), physical disabilities, previous injury or other limitations that may require accommodation or restrict your volunteer experience?	

By signing this application you acknowledge that all information on this form is true to the best of your knowledge. That if selected, you are volunteering your services and will not receive any compensation, monetary or otherwise, for said services.

You also acknowledge that volunteer work at the Animal Refuge League of Greater Portland (ARLGP) can pose a potential risk of serious injury. With this knowledge, I agree to waive any and all rights I or my family may have to make a claim against the ARLGP, its employees, board members, or officers, arising from any damages, injury or death I sustain while participating in any of the volunteer activities of the ARLGP. I waive these rights knowingly and voluntarily.

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

FOR PARENTS/GUARDIANS OF APPLICANTS UNDER 18 YEARS OF AGE:

If I cannot be reached in the event of an emergency, I hereby authorize the Animal Refuge League of Greater Portland to hospitalize and secure any necessary medical treatment for my child, except the following:

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ **Date:** _____



Animal Refuge League of Greater Portland Volunteer Agreement

This agreement is intended to indicate the seriousness of our volunteer program. It is intended to relay our deepest appreciation for your services and convey our commitment to do the best we can to making your experience with the ARLGP positive and rewarding.

The Animal Refuge League of Greater Portland agrees:

- To treat the volunteer as a valued partner, jointly responsible for carrying out the ARLGP's mission.
- To provide information and training necessary for the volunteer to carry out the requirements of his/her position.
- To strive to maintain an open flow of communication with regards to policy and changes.
- To be receptive to any comments regarding how we might jointly better accomplish our goals.

The Volunteer agrees:

- To be prompt and reliable in attendance according to my schedule.
- To adhere to ARLGP policies and procedures and be receptive to any changes.
- To keep all member, donor, client, adopter and unavailable animal information confidential.
- To respect the ARLGP's right to dismiss a volunteer.
- To carry out my duties safely and to the best of my ability and seek guidance when in doubt.
- To respect staff and fellow volunteers, and strive to maintain a smooth working relationship.
- To notify the Volunteer Coordinator if I intend to discontinue my work.

The Volunteer understands:

- That each volunteer is a representative of the shelter.
- That the ARLGP serves the community and it is important to treat each community member with respect, courtesy and understanding.

I acknowledge that I have read and understand the above terms and conditions of the Volunteer Agreement and that I will comply with those stated.

I therefore release and waive my right to claims against the Animal Refuge League of Greater Portland's agents, employees, directors, officers, and all liability insurance carriers now and in the future for any known/unknown damages or disease to myself or my property, arising from activities relating to my volunteer duties and exposure to shelter animals.

—————> **Volunteer Signature:** _____ **Date:** _____

If Volunteer is under 18 years of age:

—————> **Parent/Guardian Name Printed:** _____

—————> **Parent/Guardian Signature:** _____ **Date:** _____