

VOLUNTEER FORM

THE BAI SAKARBAI DINSHAW PETIT HOSPITAL FOR ANIMALS (BSDPHA)

NAME _____ Age _____ (not below 12 years)

Affix photo here

Date of Birth _____

Telephone Numbers –

Residence: _____

Mobile: _____

Work place: _____

IN CASE OF AN EMERGENCY ADDRESS OF THE NOK TO BE CONTACTED-

Name: _____ Address: _____

Phone No.: _____

Mobile: _____ Email: _____

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Current institution of employment/study _____

- Why do you want to volunteer in the hospital?

- Special Skills / Hobbies:

- Which animals are you most comfortable handling?

Horses / Cattle / Dogs / Cats / Birds/ Puppies & Kittens

(Strike out which is not applicable)

- Any experience in handling any of the animals mentioned above- Please specify

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- Check one or more of the following areas you are most interested volunteering in -

Walking dogs _____

Grooming dogs / cats / horses _____

Care Puppies/Kittens

Any other area of interest _____

- How many hours a day/week are you able to volunteer at the hospital? (Please check only the number of hours you are able to give – irregular volunteers hamper the progress of the animals they may be assigned to deal with.).

1 hour a day / week

2 hours a day / week

3 hours a day / week

4 hours a day / week

(Tick the chosen option)

- Would you like to volunteer on a specific day of the week? Please specify

Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

- If you are more comfortable working in an office environment specify one or more of the following: -

Website creation /administration / social media

LIABILITY WAIVER

I understand that the BSDPHA is not responsible for my wellbeing and it is my responsibility to inoculate myself should I choose to do so. I further understand that the BSDPHA is at liberty to terminate my services at their discretion.

I hereby acknowledge and recognise the possible risk in working with animals, and that it can lead to serious injury or even death. I hereby understand and assume the responsibility of any and all liability and risk volunteering at the BSDPHA. I hereby waive and release the BSDPHA its agents and representatives, from any and all claims which may accrue to me, my heirs, guardians arising out of, or in the connection with being a volunteer. I also grant permission to the BSDPHA and its authorised agents to use my name, image, and any other record of my participation.

As a condition of being allowed to enrol as a volunteer of the BSDPHA, I hereby personally assume all risks in connection with said activities, for any harm, injury or damage that may befall me while I am enrolled as a volunteer of these activities, including all risk connected therewith, whether foreseen or unforeseen.

Signature

Date

(If volunteer is below 18 years of age, volunteer's signature to be accompanied by parent/guardian signature)

By signing this agreement without a parent or guardian's signature, the volunteer represents that they are at least 18 years of age, or if signing as the parent or guardian of a minor volunteer, you represent that you are the legal parent or guardian of the minor volunteer.

MEDICAL RELEASE INFORMATION

I hereby give permission for to be transported and treated by doctor (s) of the BSDPHA in case of an emergency or accident.

Parent/Guardian Signature _____ Date _____

RABIES VERIFICATION

My last rabies inoculation was received within the last 5 years, on _____

Signature _____ Date _____

(Please attach a copy of your rabies vaccination certificate)