



# OC ANIMAL LEAGUE

19744 Beach Blvd. #139 • Huntington Beach, CA 92648  
 Phone: 714.465.9896 • Website: ocanimalleague.org

## VOLUNTEER FORM

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Street address \_\_\_\_\_ Date of birth \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work/pager/cell \_\_\_\_\_ Email \_\_\_\_\_

**How would you like to help us? Please check (✓) all that apply.**

- Assist with dogs at the Adoption Shows on weekends
- \_\_\_ Assist with cats at the Adoption Shows on weekends
- \_\_\_ Assist with dogs at the Adoption Shows on weekends
- \_\_\_ Foster cats at your home
- \_\_\_ Foster dogs at your home
- \_\_\_ Maintenance of Cat Adoption Center
- \_\_\_ Telephone calls
- \_\_\_ Clerical / Computer work
- \_\_\_ Transportation — to/from veterinary appointments, Adoption Shows, etc.
- \_\_\_ Fundraising
- \_\_\_ Community / Educational presentations

**Please list your hours of availability**

Can you help on a regular basis? \_\_\_\_\_ Please give approximate # of hours per month \_\_\_\_\_  
 Do you have any specialized training or education pertaining to animals? \_\_\_\_\_  
 Do you have any other area of interest or expertise that could benefit OCAL? (artistic talent, carpentry skills, etc.) \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Fosters — Please complete this section**

How many dogs do you have of your own? _____	Please list breed & sex _____
Where will foster dogs stay when you are home? _____	When you are out? _____
Where will foster dogs sleep? _____	Do you have a crate / dog run? _____
How many cats do you have of your own? _____	Where do your cats stay? _____
Are there any children in your home? _____	Please list ages: _____
Please list specific preferences for foster animals (i.e., size, sex, etc.) _____	
Are you willing to administer oral and/or topical medications, if prescribed for your foster animal? _____	

**PLEASE PROVIDE TWO REFERENCES WHO CAN ATTEST TO YOUR ANIMAL HANDLING ABILITIES.**

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_ # of years acquainted \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_ # of years acquainted \_\_\_\_\_

**VOLUNTEER LIABILITY RELEASE**

As a volunteer at O.C. Animal League, I acknowledge the risks and potential for risk of handling, interacting with, and the housing of O.C. Animal League animals. However, I believe that the possible benefits to myself and the clients I work with/for are greater than the risk I am assuming. I hereby, intending to be legally bound for myself and/or my son/daughter, waiver and release forever all claims for damages against O.C. Animal League, its Board of Directors and/or its volunteers for any and all injuries and/or losses I, my son/daughter, and/or my home and personal property may sustain while participating in the O.C. Animal League foster and adoption program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Volunteer, Parent or Guardian

**VOLUNTEER EMERGENCY MEDICAL TREATMENT INFORMATION**

In case of emergency, contact:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work/cell/pager \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital \_\_\_\_\_ City \_\_\_\_\_  
Insurance carrier \_\_\_\_\_

In case of emergency, I give permission to O.C. Animal League to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Volunteer, Parent or Guardian