



Volunteer Application

About REASON

REASON is a non-profit, all volunteer organization, that partners with Burke County, local veterinarians, and low-cost clinics, to provide low-income families assistance in spaying and neutering their pets. REASON's mission promotes positive changes in animal welfare with emphasis on spay and neuter.

Why Become a REASON Volunteer

REASON is only as good as its volunteers, so we greatly appreciate your interest. Volunteering for REASON provides benefits including:

- Flexible days and hours with the advantage of being able to choose those that work best for you and your schedule
- The option of volunteering at home and choosing your schedule
- Volunteering with others with the same love of animals and concern for their welfare
- Gain experience and develop skills that will be a positive addition to a career resume or in the workplace
- Seeing the animal euthanasia rate for Burke County drop and knowing that you played a part in this
- The satisfaction of knowing you are giving back to your community

Volunteer Information

Full Name: _____ Date of Birth: ____ / ____ / ____
Last First M.I.

Address: _____
Street Address City State Zip Code

Cell Phone Number: (____) ____ - ____ Alternate Phone Number: (____) ____ - ____

Email address: _____ Circle best way to be contacted? Email Call Text

Are you? ___ student ___ retired ___ employed Place of employment: _____

Areas of special skills, e.g. computers, people skills, fundraising, finances, writing: _____

Tell us a little bit about yourself: _____

Tell us about your pets: _____

Emergency Contacts Information

Name: _____ Relationship: _____ Phone: (____) ____ - ____

Name: _____ Relationship: _____ Phone: (____) ____ - ____

Interests and Availability

✓	Volunteer Positions Available <i>(Training provided by another volunteer.)</i>	Schedule
___	Returning phone calls (in the comfort of your own home) from potential clients to see if they qualify for the REASON program. (Phone, computer, & internet access required).	Sign up for one or more days per month to fit your schedule.
___	Meet with clients at <u>Burke County Department of Social Services</u> to verify eligibility and fill out REASON applications.	1 time/month afternoon
___	Meet with clients at <u>PetSmart in Morganton</u> to verify eligibility and fill out REASON applications.	1 time/month evening
___	Assist with PREP (Pet Responsibility Education Program) targeted at Burke County elementary schools. Great for teachers!	6 weeks in November-December, 6 weeks in April-May 1 afternoon/wk. for 1½ hrs.
___	Assist with fundraising and festivals.	Varies
___	Assist at Brother Wolf Mobile Vet Clinic (Tetanus vaccine recommended).	2-3 times/month (schedule may vary) 7:30 am - 3 pm
___	Reminder calls/texts for vet appointments.	Weekly
___	Reminder calls/texts for upcoming client registration.	Reminder calls/texts made the day before registration.
___	Writing articles for the local newspaper, thank you notes, etc.	Varies
___	Community outreach - public speaking and special presentations.	Varies

Other availability: _____

Disclaimer and Signature

I understand that as a volunteer, I am not an employee under any federal or state law and am not subject to workers' compensation insurance in the event of an injury or illness related to the performance of REASON activities or entitled to any other employee right or benefit provided by organizational, practice, policy, or state or federal law. I hereby release REASON, its officers and management, from any and all liability resulting from claims of illness or injury, claims for compensation (including minimum wage and overtime) and claims for employee benefits during or after the performance of my volunteer services.

REASON does not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations, including the selection of volunteers.

I give my permission to REASON to verify the information on this volunteer application. I understand that this application does not guarantee acceptance to the REASON Volunteer Program. I also give permission to contact my emergency contact(s), listed on this application, if deemed necessary.

Volunteer Signature: _____ Date: ____ / ____ / ____

Approved by: _____ Date: ____ / ____ / ____

Please mail or email completed application to:

REASON
PO Box 633
Rutherford College, NC 28671
reason.nc.org@gmail.com

www.reason-nc.org
828-403-3675