



# 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 spaying and neutering as the primary way to reduce animal overpopulation and unnecessary euthanasia.

## 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
- Gaining experience and developing 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

✓	<b>Volunteer Positions Available</b> <i>(Training provided by another volunteer.)</i>	<b>Schedule</b>
___	Careline - 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 day per week to fit your schedule.
___	Registration - Meet with clients at a designated location in Morganton to verify eligibility and complete paperwork for registration.	2½ hours on a scheduled Saturday
___	Transport Day - Meet with clients and their pets at Animal Services for completing necessary paperwork, assisting with loading and unloading of crated pets for travel to and from a spay/neuter clinic in Hickory.	3 <sup>rd</sup> Thursday of each month 6:30 -8:30 a.m. and/or 4:00 -6:00 p.m.
___	Scheduling - Assist with scheduling vet appointments and reminders.	Varies
___	Assist with fundraising and festivals.	Varies
___	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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REASON**  
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