



PO Box 213
West Boylston MA 01583
978-422-9064
978-422-3255 Fax
Email: info@neads.org
Internet: www.neads.org

Thank you for your interest in volunteering at NEADS/Dogs for Deaf and Disabled Americans. We have enclosed a volunteer application for your completion.

Once completed in full, please return it to the above listed address, or to our Front Desk person, so we may use your help and time to benefit us all.

PLEASE REMEMBER YOU MUST BE 16 YEARS OF AGE OR OLDER TO VOLUNTEER.

***IMPORTANT: COMPLETE ALL AREAS WITH AN ASTERICKS OR THE APPLICATION WILL NOT BE CONSIDERED.**

Thank you so much!

The NEADS Staff



P O Box 213 – West Boylston, MA 01583
(978) 422-9064 Voice or TDD (978) 422-3255 Fax
E-mail: info@neads.org
www.neads.org

NEADS/Dogs for Deaf and Disabled Americans Volunteer Application

*Date: _____
* Name: _____
* Address: _____
*City: _____ *State: _____ *Zip Code: _____
*Phone: _____
Business Address: _____
Bus. Phone: _____
E-mail Address: _____

NOTE: ALL VOLUNTEERS MUST BE 16 YEARS OF AGE OR OLDER.

We do offer many areas for our volunteers. We request that you choose only one area of major interest to you so that we can place you where you will feel most rewarded. We want your experiences with us to be fulfilling. Please complete the following:

DOGS/KENNEL (Princeton, Massachusetts campus)

- Walking dogs Feeding dogs Grooming dogs Socializing dogs
 Puppy raising

EDUCATION (National)

- Help with projects, programs and events: local travel
 Spokesperson in schools, workshops, booths, expos
 Booth set-up and coverage at events, greeting people, providing information

COMPUTER SUPPORT (Princeton, Massachusetts campus)

- Computer - data entry updating and management
 Graphic design – brochures, posters for special events
 Display boards – Photographs and copy

ADMINISTRATIVE SUPPORT (Princeton, Massachusetts campus)

- Mailings Phones Tours at our Princeton Office

CREATIVE (National)

Photography

Video recording and editing

FUND RAISING (National)

Event volunteers

Days Available (please circle): Monday Tuesday Wednesday Thursday Friday
Saturday (for special planned events).

Hours Available (please circle): 9:00am – 12:00pm 1:00pm – 4:00pm

Present or previous organizations which you volunteered: _____

Do you have training in any of the areas listed? _____

*Where did you receive your training? _____

Position/Title: _____

Education: _____

Membership in local clubs (optional): _____

What are some of your favorite charities (optional)? _____

*In case of an emergency, contact person and phone number:

*Name: _____

* Address: _____

* City: _____ State: _____ Zip Code: _____

*Phone: _____

Comments, questions and suggestions welcome:

We offer orientation at our Princeton, Massachusetts campus to all volunteers. **Once your application is reviewed and approved by a staff member in the area of your interest, you will be called for an interview and orientation.** Please state when you are available to volunteer. Thank you again for your continued support and volunteer service to **NEADS.**

Job Description: Dogs/Kennel/Puppy House Volunteer

QUALIFICATIONS:

- Must be at least 16 years of age.
- Volunteers are to wear shoes covering the entire foot—no toes are to be exposed (i.e. flip-flops, sandals). Acceptable footwear would be: sneakers, work boots, or any shoes that cover the entire foot and have rubber soles.
- Volunteers represent *NEADS/Dogs for Deaf and Disabled Americans* at all times so they are asked to wear appropriate clothing. Dungarees, chinos, or any long pants are acceptable wear. Shorts may be worn (but no short-shorts or skirts); presentable tops such as T-Shirts may be worn. (*NEADS/Dogs for Deaf and Disabled Americans* T-Shirts are given to kennel volunteers after two consecutive weeks of volunteering.) Not complying with the dress code may be cause to be sent home for the day.
- Volunteers must commit to a consistent time schedule.

ESSENTIAL DUTIES AND RESPONSIBILITIES: Volunteers can choose duties that will make them feel most rewarded from the below list. Other duties may be assigned.

KENNEL WORK

- Cleaning kennel, play yard, training area, and vehicles.
- Feeding dogs.
- Bathing and grooming the dogs.
- Play groups.
- Helping to continue the care and cleanliness of the *NEADS* facility.

DOG WALKING

- Some dogs do not get play yards for one reason or another and need extra walk time.
- Some dogs need TLC and this time spent with them greatly improves their training and well being.
- Some dogs are not housebroken yet and need extra walks to encourage and acclimate them to going outside.

TRAINING

- Obedience classes/lessons may be given to volunteers once the trainers are comfortable with the dogs.
- On occasion, volunteers may have an opportunity to reinforce specialty task training.
- Audit ABKA Kennel course offered at the *NEADS/Dogs for Deaf and Disabled Americans* Training Campus in Princeton, Massachusetts, when available.

DOG SOCIALIZATION

- Dogs need to be socialized in a number of different environments.
- Volunteers may have the opportunity to assist trainers on trips to the malls, supermarkets, buses, and a variety of other situations.



NATIONAL TRAINING CAMPUS
PO Box 213
West Boylston MA 01583
978-422-9064
978-422-3255 Fax
On the Internet: www.neads.org
Email: info@neads.org



NEADS/Dogs for Deaf and Disabled Americans Volunteer Permission Slip

I give permission for my daughter/son _____
to participate in the *NEADS/Dogs for Deaf and Disabled Americans* Volunteer Program.

I hereby waive and release *NEADS/Dogs for Deaf and Disabled Americans*, its employees
and agents from any and all liability of any nature, for injury, which she/he may suffer.

I give permission for my child to participate in off campus dog socialization: ___ Yes ___ No

Parent's Signature

Date

*** Personal Emergency Information**

Please complete, in full, the following information in case of an accident:

Your name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

Email address: _____

Date of birth (optional): **Month:** _____ **Day:** _____ **Year:** _____

Health Insurance Carrier: _____

Please list any medical problems we need to know in case of an emergency (Please note this information will remain confidential).

**Person to notify in
Case of an Emergency:** _____

Phone number (Days): _____

Phone number (Nights): _____

Special instructions if any:

Date: _____ **Signature:** _____

Waiver, Assumption of Risk and Agreement to hold Harmless

I understand that volunteering for **NEADS/Dogs for Deaf and Disabled Americans** may not be without risk. Dogs and puppies, by nature and disposition, may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release **NEADS/Dogs for Deaf and Disabled Americans**, its employees and Officers and Board of Directors and agents from any and all liability of any nature, for injury, which I may suffer. This includes specifically, any injury resulting from the action of any dog or puppy he/she may come in contact with it. I expressly assume the risk of any injury while volunteering for **NEADS/Dogs for Deaf and Disabled Americans**.

I further hold harmless **NEADS/Dogs for Deaf and Disabled Americans**, its employees and Officers and Board of Directors, and agents, from any and all claims, or claims by any member of my family, any other person visiting, or people of the public, as a result of any action by the dogs in this program or by me.

Signature of **NEADS/Dogs for Deaf and Disabled Americans** Volunteer:

(Signer must be 18 years of age)

Date: _____



P O Box 213
West Boylston, MA 01583
978-422-9064
978-422-3255 Fax
www.neads.org
info@neads.org

We know your time and efforts are here for NEADS/Dogs for Deaf and Disabled Americans in many ways! We appreciate that. We want to record it. We want others to know how much you care.

People, Corporations, business as well as Organizations and Clients are aware that nothing functions well without VOLUNTEERS. We want to put more time and value upon the effort that our many volunteers put forth for us.

People realize someone just does not bake a cake. We want to show them your help. Our volunteer group is enormous but very individual!

Therefore, from now on, we are asking all of our volunteers to sign in and out so that the final monthly benefit can account for a large amount of care we receive. For those of you who do so much but do not come in, we ask that you send in or call in your time and efforts for our monthly record.

We want to thank you and we truly want to add your time as we extol the unbelievable hours and efforts of our many VOLUNTEERS.

For years, **NEADS/Dogs for Deaf and Disabled Americans** has counted on your dedication and commitment and you have never disappointed us. Your time and efforts have been invaluable. We have been informed that accounting for VOLUNTEERS HOURS awakens more funding sources and establishes far reaching recognition every where. It is your help that we at **NEADS/Dogs for Deaf and Disabled Americans**, administration, staff, clients, volunteers, cats and dogs appreciate sincerely. Please help us to record this dedication each month.

Thank you from our Volunteer Coordinators and **NEADS/Dogs for Deaf and Disabled Americans'** Staff.