P. O. BOX 3311 CLARKSVILLE, INDIANA 47131 - 812-949-1209 - www.chancesspot.org

Dear Prospective Volunteer,

Thank you for your interest in volunteering for Chance's Spot Pet Loss and Support Resources. We are pleased that you are willing to donate your time and talents to be a part of our organization. Chance's Spot is a nonprofit organization supported by contributions from individuals, including our volunteers, grants and corporate donations. The volunteer program is crucial to our success.

We hope to give you a worthwhile experience with some special rewards. There are many unexpected benefits to be gained by volunteering at Chance's Spot. The rewards of being a volunteer are not realized in financial gain, but in receiving knowledge and understanding from the best teacher of all, experience! The greatest reward by far is the enormous personal gratification received from helping those who have suffered the loss of a dearly loved pet.

The following is a list of possible areas of involvement. Participation will depend on the volunteer's skills and where they can best be utilized to meet the needs of the organization and those who need our services. Although some duties may seem trivial, they are very important to the daily functioning of Chance's Spot. Additional responsibilities or special projects may be available depending upon each individual's abilities, skills, and time commitment to the program. Duties may include, but are not limited to the following:

Office Help: Data entry, record filing, processing application requests, restocking information files, assisting with mailings.

Graphic Design: Helping with various projects including items which can be used to generate donations, as well as advertising campaigns.

Fundraising: Assisting in fundraising events, grant writing, donor cultivation and solicitation, etc.

Education/Planning: Assistance in designing lectures and special programs, presenting such programs, assembling notebooks, etc.

VOLUNTEER REQUIREMENTS:

Applicants must be 18 years of age or older.

Applicants are asked to commit to at least two hours a week of service.

Volunteers must be physically fit.

Personal contact information must be kept updated.

HOW TO APPY:

Please return ALL of the following:

Completed Volunteer Application Form.

Signed copy of Volunteer Guidelines.

Signed copy of Participant's Release and Waiver of Liability.

In addition to the above 3 items, please also consider making a financial contribution to the organization. Chance's Spot is a nonprofit organization funded entirely from donations from caring individuals. We encourage everyone, from our Board of Trustees (who are all volunteers as well), staff, and volunteers to become a donor at whatever financial level comfortable to each persons means. It is this passion and dedication that allows the organization to continue providing assistance to those who have suffered the loss of a dearly loved pet. A donation form is included in this application.

We will contact you once we receive all 3 of the materials listed above.

Thank you again for your interest in joining our team!

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MEDIA RELATIONS & CONFIDENTIALITY POLICY

We strive to present to the public a thoughtful, professional and consistent picture of Chance's Spot. This is absolutely essential if we are to raise enough funds to make our operating budget each year. Also, failure to maintain confidentiality (leaks of private information) could cause us to lose our credibility in the community, or even lead to expensive lawsuits. For these reasons, all those associated with Chance's Spot (including, but not limited to staff, volunteers, and interns) are asked to respect and adhere to the following guidelines whenever media covers Chance's Spot activities:

ALL contact(s) with the media are to be handled by the Director of Chance's Spot, Gail Heller, who can be reached by calling (812) 949-1209. Please review the procedures below on how to handle questions if approached by the media.

On-camera interviews and quotes about Chance's Spot and its work are issued ONLY BY OFFICIAL SPOKESPEO-PLE. These people are trained and prepared to handle technical and tough questions pertaining to Chance's Spot work.

When media is filming/photographing procedures in which you are involved, please do NOT offer comments or suggestions (i.e., what to film/photograph) to the media. Comments are welcome, but need to be made to the spokesperson in charge (OUT OF EARSHOT OF THE MEDIA).

If you are not a spokesperson, but are specifically approached by the media (i.e., an interview about your work for the local paper), please refer the inquirer to Chance's Spot, which can make arrangements for you (if you wish to be interviewed).

Sometimes during off-site activities like rescues or releases, a spokesperson is not readily available. If you are approached by the media in these situations:

Always be polite and courteous.

NEVER GUESS AT AN ANSWER. If you are not sure, just say "Sorry, I don't know." Then refer the inquirer to Chance's Spot.

Keep your answers SIMPLE. Don't be drawn into leading questions or offer more than a simple answer. DO NOT SPECULATE, EVER!

DO NOT OFFER YOUR PERSONAL OPINION. The only person at Chance's Spot that is cleared to give an opinion as a Chance's Spot participant is our Director.

Anyone who does not follow these guidelines risks the embarrassment of being misquoted, or worse, misrepresenting Chance's Spot to its detriment. Failure to abide by the above mentioned policies could result in dismissal from Chance's Spot and/or its programs.

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VOLUNTEER APPLICATION

Name:			
Address:			
City:	State:	Zip:	
E-mail:	Phone:_		
Cell:	Work:		
Emergency Contact Person and Phone:			
Current Occupation:			
How did you hear about Chance's Spot?			-
Why do you want to volunteer?			-
How long do you anticipate committing to Chance	e's Spot as a volunteer? _		
Please check the area(s) of which you would	like to volunteer in:		
Office Help Graphic Design Fund	draising Education/F	Planning	
Please check any skills you have that might b	e of benefit to the prog	ram:	
Administrative Carpentry/Construct	tion Data Entry	Veterinarian Newsletter	
Public Speaking Teaching C	Computer skills Fur	ndraising Event Coord	
Other:			_
DONATIONS: Chance's Spot is a nonprofit orga who want to help those who have suffered the loss \$25 will host the Chance's Spot Web site for six \$50 will host the Chance's Spot Web site for one \$100 will purchase fundraising items for six tabli \$250 will purchase five hundred brochures. \$500 will purchase advertising space in a local results \$1,000 will purchase advertising time on a local stable.	ss of a dearly loved pet. months. e year. ing events. newspaper.	rom donations from caring individuals	S
\$2,500 will purchase advertising time on a local \$5,000 will cover all operating expenses for a year.			

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VOLUNTEER GUIDELINES

I understand that as a volunteer, I will not receive any pay or benefits such as medical insurance or worker's compensation.

I agree not to use or possess alcohol, drugs, controlled substances or firearms while performing volunteer work for Chance's Spot. I understand that this also applies to any prescribed medication, which could have behavior altering effects.

I have read and understand Chance's Spot's policies on Media Relations and Confidentiality, and agree to abide by them.

I understand that Chance's Spot reserves the right to discontinue my participation in the Volunteer Program at any time, and for any reason.

The undersigned acknowledges that he/she has read, understands, and fully agrees to abide by the guide-lines stated above.

PRINT YOUR NAME:	
SIGNATURE:	
DATE:	

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PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY

I[print name], in consideration of my participation in the Volunteer Program of
Chance's Spot, recognize and acknowledge that participation may require vigorous physical activity that involves risks of bodily injuries, both known and unknown, including without limitation, bruises, scrapes, abrasions, infections,
broken bones, wounds from bites, trauma, scarring, fear and mental anguish, and property damages, both known
and unknown. Further, I recognize and acknowledge that other risks include, but are not limited to tool injuries, trips,
falls, falling objects, and motor vehicle mishaps.
I understand that the description of these risks is not complete and that other unknown or unanticipated risks may
result in injury or death. I agree to assume the responsibility for the risks identified herein and those risks not specifi-
cally identified. Participation in this program is purely voluntary, no one is forcing me to participate, and I elect to par- ticipate in spite of the risks.
I acknowledge and do hereby certify that I am in good physical health, and have no illnesses, disabilities, injuries no
physical conditions (i.e. cardiovascular disease, pregnancy) which would prevent or hinder my safe participation in any activities with Chance's Spot.
any delivines with chance's open.
I assume all risks associated with my participation in this program, and hereby release and hold harmless the corporations, organizations, directors, officers, agents, employees, volunteers, successors, and assigns of Chance's Spot
as well as the owners and agents of any properties involved with the work of Chance's Spot, from any and all ac-
tions, causes of action, claims, demands, damages, costs, expenses, attorneys' fees, compensation and all consequential or other damages now accrued or hereafter to accrue to or for my benefit.
I hereby grant the right to record and/or broadcast my participation and to use my name, likeness, voice and bio-
graphical information concerning me in connection therewith in any and all media throughout the world.
I warrant that I am 18 years of age or older, and that I have read, fully understand, and agree to the foregoing terms.
PRINT YOUR NAME:
SIGNATURE:
OIONATORE.
DATE:

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VOLUNTEER APPLICATION CHECKLIST

Please be sure you have completed ALL of the following:
Completed Volunteer Application Form.
Signed copy of Volunteer Guidelines.
Signed copy of Participant's Release and Waiver of Liability.
Please mail ALL completed materials to:
Chance's Spot P. O. Box 3311 Clarksville, Indiana 47131

We will contact you about your application once we have reviewed it. We ask that you please allow up thirty days for this process. Thank you.