



Great Cats of Indiana  
10471 E. US Highway 24  
Idaville, IN 47950

(574) 943-3412 robbcraig@comcast.net

## **Our Volunteer Program**

Virtually all of the day to day activities involved in the care of our animals is performed by volunteers. Our volunteer staff is a valuable part of our facility, and we wouldn't be able to maintain the number of animals we do without their help. Right now, volunteers are needed to help us maintain the level of care our animals deserve.

Are you up to the challenge of making a difference in the lives of some beautiful cats? Volunteering is an adventure, and provides the rare opportunity to become friends with some of the world's largest and most magnificent animals. The quality of care our animals receive is directly related to the quality of our volunteers who are providing that care. We need dependable, trustworthy individuals who feel, like we do that these animals are worth a little extra effort, and are willing to contribute a little of their time to help them have a comfortable life. They count on us for everything... Can we count on you?

### **What is like to be a volunteer at our facility?**

"We are a small group of dedicated people working towards a common goal in a laid-back, family-like atmosphere".... We appreciate the work our volunteers do, and realize that they are giving their time and experience to benefit our animals and our facility.

Being involved in the day to day care, and helping to meet the medical, nutrition and overall health needs of these beautiful cats is an unmatched opportunity that most people never get to experience. Developing a bond with a tiger, a lion, a cougar, or even a bear is a unique experience that will be cherished for years to come. Each of our volunteers has developed a special relationship with our animals and each has their favorites. A special bond develops between our keepers and our animals. A kind of mutual respect that allows us to interact on a more personal, individual level with each cat. This type of bond doesn't happen by just visiting a facility. It doesn't happen as you walk by and look at an animal; it happens when you are around them for an extended period of time. Long enough for them to become accustomed to your presence, and long enough for them to learn to trust you. It is only after you have earned their trust that they will allow you to be a part of their lives.

Sometimes the work we do is dirty, smelly or just plain gross. Other times the work here isn't that bad. Most of our work involves cleaning enclosures, feeding animals, or building/repairing enclosures and buildings for the animals. When it is hot, we sweat, when it rains we get wet, and when it is cold, we get cold. We do what we do for these animals because they deserve it. They are innocent victims that deserve a second chance at living a comfortable life, and we try our best to provide that for them. If you are able to perform some physical labor, are dependable and trustworthy, and can commit to at least a few hours each week, we would like to speak with you about becoming one of our volunteers. We provide the training; we provide the tools. All we need from you is a little time and an appreciation for the animals we serve.

For more information about volunteering, e-mail, call or just stop in! We'd like to speak with you!

*"Never doubt that a small group of thoughtful, committed individuals can change the world...  
Indeed, it is the only thing that ever has."*



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Phone: 574-943-3412 www.greatcatsofindiana.org

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Where do you work: \_\_\_\_\_ Job Title: \_\_\_\_\_

When was your last Tetanus shot: \_\_\_\_\_ Last TB test? \_\_\_\_\_

Have you been vaccinated for (date if yes) Hepatitis B: \_\_\_\_\_ Rabies: \_\_\_\_\_

Flu: \_\_\_\_\_ Any others: \_\_\_\_\_

What days/ times are you available to volunteer: \_\_\_\_\_

In the past 10 years, have you ever been convicted of a crime? \_\_\_\_\_ If yes, tell us:

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ State: \_\_\_\_\_

Have you been in the Military?: \_\_\_\_\_ Branch?: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Type of Discharge?: \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_ State/Type: \_\_\_\_\_

List any special skills or experience you have that you could utilize at our facility:

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Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Volunteer/ Internship Agreement and Liability Release

The information contained in this application is true, correct and complete.

I understand that working with and around big cats and other animals can be inherently dangerous if established rules, guidelines and policies are not followed. I agree to abide by all rules, guidelines and policies established by the facility and understand that not following these rules, policies and guidelines could be cause for termination of my volunteer status and/or removal from the facility.

I agree and understand that as a volunteer/intern, Great Cats of Indiana, "the facility", is not obligated to provide me any payment or benefit for my services. I also agree to release Great Cats of Indiana, its board of directors, employees, agents or volunteers (collectively "the facility") from any and all liability, and further agree not to pursue any claim or initiate any action against the facility in the event I am injured or suffer damage while at the facility, while at an event with or for the facility, while traveling to or from said event, or while working with one of the facilities animals onsite or offsite, or as a direct or indirect result of the negligence of the facility. I understand that this express assumption of risk, release and waiver is made on my own behalf and on behalf of my heirs, executors, representatives, assigns and when applicable, my minor children. I agree to advise the facility in writing of any physical and/or mental limitations that could affect or be affected by any volunteer activities I assume. I understand it is my responsibility to provide this information and I release the facility from any liabilities for injuries or illnesses which result from my failure to advise the facility in writing of any such limitations.

I understand the facility may require alcohol, drug and substance abuse testing, including random drug testing by facility staff or others as determined by the facility. I consent to such an examination and authorize the release of results and information regarding such an examination to the facility.

I hereby authorize investigation of all statements in this application and request any company, institution, or persons contacted as part of this investigation to provide any and all pertinent information. To assure their cooperation, I hereby release them from all liability for any damage that may result from furnishing the same to the facility.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Do not write below this line

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Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Action: Int \_\_\_\_\_ bc \_\_\_\_\_ Notations: \_\_\_\_\_

Final Action: \_\_\_\_\_