



VOLUNTEER APPLICATION

VINAKA (THANK YOU) for your interest in volunteering with Animals Fiji!

Animals Fiji (operated by West Charity Trust Society) is a registered Fiji charity (# 889) under the Charitable Trusts Act (Cap. 67) with the focus of animal welfare. We operate clinics where owners can seek treatment for their pets. We also operate as a welfare agency taking in strays, injured and abused animals, who are treated and rehomed.

*One of our most critical goals is to reduce the epidemic of stray and diseased roaming dog and cat populations that plague villages, towns and rural areas, through de-sexing programs. However, we currently operate the **only** veterinary services in the entire Western & Northern Divisions and therefore treat a variety of animals including large and small, domestic and wild.*

FUNDRAISING COMMITMENT

IMPORTANT: As we are a non-for-profit charity organization, **all volunteers** are required to meet a **minimum fundraising commitment** to assist with the running costs of our organization.

The fundraising commitment is FJD 200 if you are placed for one week, FJD 350 for two weeks and FJD 500 for placements of three weeks or longer.

The fundraising commitment can be either a cash donation or alternatively supplies to the equivalent value. If you wish to make your commitment in supplies, please contact our Stock Manager at clinic@animalsfiji.org for current requirements. Please feel free to contact us for fundraising ideas.

FIJI IMMIGRATION REGULATIONS

ATTN NON-FIJIAN CITIZENS, In accordance with Fiji Immigration Regulations, for non-Fijian citizens only:

- A volunteer visa is required for any non-Fijian citizen volunteering for 14 days or longer.
 - A Volunteer Visa (VP97) is FJ \$180 at your own expense. However, Animals Fiji will assist in the filing your application and obtaining of your volunteer visa.
 - Non-Fijian citizens may only volunteer for a period of 3 months or less for this permit and fee. If you wish to volunteer longer than 3 months (90 days), you will need to apply for a 6 month working permit.
 - The bio page of your passport
 - Your arrival & departure flight details
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Please complete page 2-4 of this form and email it to us on info@animalsfiji.org with a copy of the following:

NOTE: ALL INFORMATION PROVIDED WILL BE FOR THE EXCLUSIVE USE OF ANIMALS FIJI AND NOT SOLD OR SHARED WITH ANY OTHER INDIVIDUAL OR ENTITY.



Date _____ / _____ / 20_____

Who are you?

First Name _____ Last Name _____

Date of Birth _____ Citizenship _____

Home Address _____

Town/City _____ State _____ ZIP _____

Country _____

Phone / Mobile _____ Email _____

Passport # _____ Passport Expiry Date _____

Whom should we contact in contact in the event of an emergency?

Name _____ Relationship _____

Address _____

Daytime Phone _____ Mobile Phone _____
(Please put country code)

What is your experience?

Are you currently a student? Yes No

If yes, what is the name & location of your school?

(Circle last year completed)

High School: Year 11 12 13 University: 1 2 3 4 Graduate School: 1 2 3 4

Professional Degree (please specify) _____

Area(s) of academic interest _____

What is your occupation? _____

Who is your employer? _____

How long have you worked there? _____

What is your experience with animals?

Preferences (Check the applicable boxes):

Areas of Interest		Volunteer schedule	
<input type="checkbox"/>	Cats	<input type="checkbox"/>	Full Days (8am to 5pm)
<input type="checkbox"/>	Dogs	<input type="checkbox"/>	Half Days (8am to 12pm or 1pm to 5pm)
<input type="checkbox"/>		<input type="checkbox"/>	

Volunteer Days		Volunteer Period	
<input type="checkbox"/>	1-3 Days a week	<input type="checkbox"/>	Start Date:
<input type="checkbox"/>	3-5 days a week	<input type="checkbox"/>	Finish Date:
<input type="checkbox"/>		<input type="checkbox"/>	

Your Medical History

If you have any medical conditions we should be aware of or are you taking any forms of medication, please provide further details below: _____

Date of Last Tetanus Vaccination _____

Do you know any Animals Fiji volunteers or staff? _____

Do you have pets? Yes No If so, are they de-sexed (spayed or neutered)? Yes No

Have you adopted from Animals Fiji? If so, please list their names and when they were adopted.

How did you hear about Animals Fiji? Why do you want to volunteer at Animals Fiji Nadi Clinic?

Would you like to join our mailing list? Yes No



VOLUNTEER WAIVER OF LIABILITY

I, _____, hereby agree to accept a position as a volunteer working at the Animals Fiji, (hereinafter referred to as "AF"), and in so doing, I agree to comply with all of the policies, rules and regulations within this application and which may be established from time to time by AF, and I understand that failure to do so may result in my immediate termination as a volunteer worker.

I acknowledge that my services are provided strictly on a voluntary basis, without pay or compensation of any kind, without any liability of any nature on behalf of AF, and that all services to be performed by me are at my own risk.

I acknowledge that in handling animals and performing other volunteer task, there exists a risk of injury including physical harm caused by animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless AF and its trustees, employees, and agents from any and all claims, causes of actions, or demands, of any nature or cause, including costs and attorney fees incurred or sustained by me in any way connected with my services for AF, including, but not limited animal bites, accidents or injuries.

I further acknowledge that public relations are an important part of volunteering at AF. On behalf of myself, heirs, personal representatives and executors, I hereby allow AF to use any photographs, films, videotape or other visual representations of me in public relations.

Signature of Applicant

Date

Parent or Guardian (if under 16 yrs of age)

Date