


Volunteer Application (17 years and older)

Children under 17 must be accompanied by an adult volunteer 18 years of age or older.
Please let us know if you need your hours recorded, or need us to sign off on hours worked.

Name: _____	Birth date: ____/____/____
Address: _____	_____
(Street)	(City) (ST) (Zip)
Home: () _____	Cell/Work: () _____ E-mail: _____
In case of an emergency, whom should we contact?	
Name: _____	Relationship: _____
Home: () _____	Work: () _____ E-Mail: _____

 Do you have any experience working with animals? Y N
If yes, with what organization? _____


 Do you own (or have you owned) any pets? Y N If yes, what species? Cat Dog
Other: _____


 What position interests you most (circle up to 5)

Kennel Care Taker Online Updater Office Cleaning Cat Socializer Dog Socializer Groomer

Photographer Small Animal Socializer "Catch-us-ups" Transportation Landscape & Maintenance

Office Assistant Advertising Tour Guide Foster Home Fundraiser/Off-Site Cattery Care Taker

 Do you have any physical or medical limitations, or allergies? _____

 What dates or days of the week are you available for orientation? _____

Are you able to volunteer on a scheduled weekly basis?

Y

N

If so, put an X when you are available to volunteer.

	8am-10am	10am-Noon	Noon-2pm	2pm-5pm
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Volunteer Agreement and Contract

(Initial all that you have read and agree to)

_____ I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of the Animal Harbor (AH).

_____ I agree to abide by all AH policies and procedures.

_____ I authorize the AH to contact the emergency contact on this application and seek emergency medical care in case of accident, injury, or illness.

_____ I agree that my services are provided on a volunteer basis without pay or compensation of any kind and all services are to be performed at my own risk.

_____ I have received a tetanus vaccination in the last 5-10 years. I have provided proof of this medical record via a copy or signed a waiver releasing the AH of any liability. I understand that if I have not sent a copy or signed said waiver, I cannot do any direct animal care until I do so.

_____ I agree that in handling animals and performing other volunteer tasks there does exist a risk of injury including physical harm caused by the animals and I will not hold AH liable.

_____ I hereby allow the AH to use any photographs taken of me on property or at a special event for public relations purposes.

_____ I agree that on behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify, and hold harmless the Animal Harbor, its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause, including costs and attorney's fees incurred by the AH in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the AH including but not limited to animal bites, accidents, or injuries.

_____ If I fail to abide by the terms of this agreement I will be terminated from the program at the sole discretion of the AH staff.

Print Name: _____ Date: _____

Applicant signature: _____

Parent/Guardian (if under 18): _____ Date: _____



Tetanus Vaccination Waiver

A tetanus shot is required before direct animal contact at the Animal Harbor. By signing this waiver, I affirm that I have had a tetanus shot within the last 10 years.

I understand the requirement of a tetanus vaccination and I agree that on behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify, and hold harmless the Franklin County Humane Society, its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause, including costs and attorney's fees incurred by the Franklin County Humane Society in connection with the same, based on damages, or injuries which may be incurred or sustained by me in any way connected with my services for the Animal Harbor including but not limited to animal bites, accidents, or injuries.

Printed Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____