



Haven Humane Society Volunteer Application

When filling out this application please print clearly.

Please provide your email address as most communication is done via emails – emailing is faster and easier to use, providing us with more time for the care of our animals.

NAME _____ DOB (month/day) _____

ADDRESS _____ CITY _____

EMAIL _____ ZIP CODE _____

CELL PHONE _____ HOME PHONE _____

Haven Humane Society Volunteer requirements are listed in our Volunteer Handbook which you will receive when attending orientation.

Tell us About Yourself

1. How did you learn about our Volunteer program: Internet___ Newspaper___
Pet Finder___ Pet Adopter___ TV___ Website___ Word of mouth___
Current Volunteer (please give name) _____

2. Please tell us briefly why you would like to become a Haven Humane Volunteer. Also, if you have volunteer experience, please list the organization(s).

3. Please list specific skills (not needed) you possess which you would be willing to use for the benefit of Haven Humane Society (computer programmer, electrician, carpenter, gardener, etc.)

4. Have you ever worked with animals before, and if so in what capacity: _____

5. Have you ever adopted from a shelter or rescue organization? Yes___ No___

6. Other than working directly with dogs and cats, what other types of jobs would you be interested in performing:

7. Are you able to perform the “essential functions” of volunteering with Haven Humane society (with or without reasonable accommodation). Note: *this question is not designed to elicit information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodations are necessary. These issues may be addressed at a later stage to the extent permitted by law.* Yes___
No___

8. Please indicate below the days and times you are available to complete your commitment which will be a minimum of 2 ½ hours per week:
Mark your 1st choice with a 1, and other available times with an X

Mon 11:00 – 1:30 _____	Mon 1:30 – 4:00 _____
Tue 11:00 – 1:30 _____	Tue 1:30 – 4:00 _____
Wed 11:00 – 1:30 _____	Wed 1:30 – 4:00 _____
Thu 11:00 – 1:30 _____	Thu 1:30 – 4:00 _____
Fri 11:00 – 1:30 _____	Fri 1:30 – 4:00 _____
Sat 11:00 – 1:30 _____	Sat 1:30 – 4:00 _____

If unable to work the above times with the animals, are you available starting at 9:00am to perform other tasks. If so, what days _____

When we schedule you, we will try to accommodate your first choice.

Thank you for considering volunteering your time with Haven Humane Society and thinking of helping our wonderful animals. Every minute someone spends with them makes a big difference in their lives (as well as yours). Come help us find them the forever home they deserve.

Waiver of Liability

Complete if 18 years or older

I _____, the undersigned, do hereby hold Haven Humane Society (HHS), its agents and employees, harmless from any and all liability out of my participation in the volunteer program at HHS; as a passenger in any vehicle owned by or operated by HHS; and I do further waive any and all claims against HHS which I have now or may have in the future, arising out of my personal participation in said programs; as a passenger; and any future covenant not to sue HHS for damages resulting from participation in said programs either in the past or in the future.

Print Name _____

Signature _____ Date _____

Complete if volunteer is a minor (less than 18 years of age)

_____ has permission to participate in volunteer programs at HHS, and I (we) as parent(s), or guardian(s) do hereby, for my son/daughter, myself, my heirs, executors, employees, agents and volunteers of the organization, officially, or otherwise, from any and all claims, demands, actions, or causes or action which in any way arise from the minor's participation in the above noted events. I hereby certify that the minor is my son/daughter and that the date of birth is ____-____-____, and I do hereby certify to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

Parent/Guardian Name _____

Signature _____ Date _____

Photo Release

I hereby grant HHS permission to use photographs taken during volunteer activities of myself on its website or in other HHS publications without further considerations. I give HHS the right to crop or treat photos at its discretion. I acknowledge that HHS may choose not to use my photos at this time, but may at a later date. I also acknowledge that once my image is on HHS website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following: Board of Directors and Officers of haven Humane Society and haven Humane Society.

Signature _____ Date _____

Medical Insurance Information

Each HHS volunteer must maintain current medical insurance. If the information requested below is not complete, we will not be able to consider your application for the HHS volunteer program.

Name of insurer – insurance company _____

Policy number _____

Insurer's telephone # _____

Physicians name _____

Physician's telephone # _____

Emergency Contact Information

In the case of an emergency, please indicate who you would like us to contact.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Zip _____ Cell/Work # _____

References

List the name and telephone number of two business, personal, or volunteer references

Name _____ Relationship _____

Phone # _____

Name _____ Relationship _____

Phone # _____