



Humane Society of Douglas County Inc.



VOLUNTEER APPLICATION

Date: _____
 Name: _____
 Birth Date (only if you are under 18 years of age): _____
 Mailing Address: _____
 Street Address: _____
 City/State/Zip: _____
 Home Phone: _____ Work: _____ Cell: _____
 E-mail Address: _____

Current Occupation: _____

Other Volunteer Experience (Name of Organization/s & Dates Worked):

Pets Owned/Animal Related Experience:

Other related special skills, knowledge, abilities, interests:

I can commit to volunteer: Hours _____

- Once a week
- Once a month
- Schedule permitting

I am interested in the following volunteer opportunities:

- | | | |
|--|--|--|
| <input type="checkbox"/> Cat Socialization | <input type="checkbox"/> Shelter Upkeep | <input type="checkbox"/> Humane Education |
| <input type="checkbox"/> Dog Walking | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Picture Taking |
| <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Computer/Clerical |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Board Volunteer | <input type="checkbox"/> Adoption Counseling |

Other (describe) _____

How did you hear about our volunteer program? _____

If volunteering through referral from another agency (school, court, etc.), please indicate the agency, contact person, and number of hours required to volunteer: _____

VOLUNTEER AGREEMENT

In signing this application, I understand and agree to the following:

- I agree to abide by **the policies and procedures** presented to me during the course of my volunteer activities. I understand that I am responsible for **reviewing all the materials** given to me at orientations and trainings.
- I understand that the goal of volunteering is to engage and educate the public on the mission and philosophy of the Humane Society of Douglas County (HSDC), and my actions should always further this goal. I understand that I can and should always seek guidance if I am ever unclear about the mission, philosophy or practices of HSDC.
- I authorize the Humane Society of Douglas County (HSDC) to seek **emergency medical treatment** in case of accident, injury, or illness. If I am injured while acting as an unpaid member of the volunteer staff, I am not covered by the Humane Society of Douglas County's insurance carrier.
- I understand that if I am **injured** while acting as an unpaid member of the volunteer staff that I am not covered by Wisconsin's state workers' compensation law.
- I understand that HSDC welcomes and relies upon **volunteer feedback**. If I am ever in disagreement with any philosophy, policy or practice of HSDC, I agree to use the appropriate, **established communication channels** to share my concerns or feedback in order to eliminate miscommunication or redundant efforts. The channels are, in order:

1) Communicate first with the Volunteer Coordinator.

2) If you feel your concern was not addressed at this level, you should then communicate it directly to the Executive Director.

3) Finally, if your concern remains unaddressed, you should bring it to the HSDC Board of Directors.

- I know that as an HSDC volunteer, I represent the Humane Society, and I promise not to engage in any activity - whether physical, verbal or written - that may **cause harm to the reputation** of HSDC. I agree to be a **role model** for the humane treatment of animals, at home as well as while working with the shelter animals.
- I understand that HSDC records or discussion regarding previous and new pet owners are to be kept **confidential**.
- I understand that if I am bitten or witness a bite, it is my responsibility to report the bite **immediately** to the Humane Society of Douglas County (to either the Volunteer Coordinator or the Shelter Director). It is the law to report any bites where the skin may be broken. Failure to report may result in termination from the Humane Society of Douglas County (HSDC) volunteer program.
- HSDC has my permission to use any and all **photographs** taken of me to promote Society services and programs or to publicize any event. I understand that all prints, negatives, and graphics files become the sole property of HSDC and may be used without payment or prior notification.
- I agree to **accept supervision** and support from the HSDC staff and understand that they will provide me with feedback to insure my safety or to help me perform my volunteer duties most effectively.
- I agree to conduct myself in an appropriate and professional manner while volunteering for HSDC, following & publicly supporting HSDC philosophies, policies and practices.
- I understand that failing to observe the above agreements along with the policies and procedures of the Humane Society of Douglas County (HSDC) could result in my dismissal from the volunteer program.

Parent Consent if under the age of 18 years:

I, _____, the parent/legal guardian of _____, consent to his/her participation as a volunteer with the Humane Society of Douglas County. We acknowledge that the activities that he/she will participate in may include, but are not limited to, the handling of animals. We, on behalf of ourselves and the volunteer, take responsibility for and expressly assume any and all risks associated with the volunteer's participation in Humane Society activities and further agree to indemnify the Humane Society of Douglas County and hold it harmless for and from any losses it may incur as a result of his/her participation.

DATE

SIGNATURE OF APPLICANT AND/OR OF PARENT (OR LEGAL GUARDIAN)

