

VOLUNTEER APPLICATION

Name: _____ Date: _____ Age: _____

Address _____ **See Restrictions Below**

Phone: _____ Cell: _____ City Work: _____ State _____ Zip _____

Email: _____ May we contact you this way? ☐ Yes ☐ No

Occupation: _____

Do you presently own a dog or cat? ☐ Yes ☐ No If Yes, are they spayed / neutered? ☐ Yes ☐ No

List organizations in which you are a member or otherwise involved:

Organization: _____ How Long? _____ Phone: _____ Position: _____

Organization: _____ How Long? _____ Phone: _____ Position: _____

Have you been a committee chairperson? ☐ Yes ☐ No If Yes, what kind? _____

Would you like to chair a committee for WAHS? ☐ Yes ☐ No
(Chairing a committee will basically be getting other volunteers involved)

Check all areas of interest:

I'd like to work with: ☐ Dogs ☐ Cats ☐ Both ☐ None

Kennel Activities: ☐ Greeter ☐ Cleaning ☐ Dog Walking ☐ Adoption Counseling
☐ Clinics ☐ Fostering ☐ Cat Cuddler ☐ Laundry

Fundraising: ☐ Events ☐ Offsite Adoptions ☐ POCO Banks

Office Duties: ☐ Mailings ☐ Computer ☐ Prepare Newsletters ☐ Distribute Newsletters ☐ Collecting ☐ Anything
Others: ☐ Senior Therapy ☐ Maintenance ☐ Youth Programs ☐ Other _____

(Specify)

In general, please indicate which days and times you might be available for volunteer activities:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

How did you learn about our shelter? _____

In consideration of the opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

- As a volunteer, I will abide by the mission, rules, regulations, policies and programs of the Washington Area Humane Society (WAHS) while I volunteer, including the release waiver of rights and consent for dog walkers.
- As a volunteer, any and all monies collected for or on behalf of WAHS must be directly handed over to WAHS.
- If I stop being a volunteer for WAHS for any reason or upon request by WAHS, I will return within five (5) days, all of WAHS's supplies, equipment, records, monies, and any other items in good and clean condition.
- I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs and puppies or any other animal maintained at WAHS in connection with my volunteer work at WAHS. WAHS is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities. I will indemnify, defend and hold WAHS harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animals or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities from WAHS, or my breach of WAHS's rules, regulations, policies, and programs.
- I understand and agree that the WAHS may refuse my Volunteer Application for any reason.
- I have accurately and truthfully completed this Volunteer Application and Agreement.
- Any modification to this Agreement must be in writing and signed by both parties. This Agreement is binding upon WAHS, myself and the Washington Area Humane Society's respective heirs, successors, assigns, executors and personal representatives.

NOTE AGE RESTRICTIONS: DOGS: All dog walkers must be at least 18 years of age; children under the age of 18 **MUST** be accompanied by an adult. **CATS:** Children under 13 years of age **MUST** be accompanied by an adult; children under the age of 18 **MUST** have a signed parental waiver to work under the supervision of the cat room staff.

Applicants Signature: _____ Date: _____

Volunteer Coordinator Signature: _____ Date: _____