



PIONEER HUMANE SOCIETY

VOLUNTEER APPLICATION

OUR GOALS

- Prevent cruelty to & suffering of all animals
- Teach responsible animal care
- Abolish pet overpopulation

STORE

OFFICE

Name: _____		Date: _____
Address: _____		Email address: _____
City/State/Zip: _____		Phone: _____
If under 18 <input type="checkbox"/>	If Student, List School: _____	Grade: _____
Occupation: _____		Employer: _____
Work Phone: _____		May we contact you at work? _____
Education & Training: _____		College Degrees: _____
Vocational Training? Yes or No _____		Technical Skills? _____
Driver's License #: _____		State: _____
Medical Restrictions (allergies, asthma, lifting, etc.): _____		
Do you have any experience with animals? _____		
Would you be willing to transport animals in your privately owned vehicle as part of your volunteer work? _____		

Please list 2 employment references from the last 3 years and 2 personal references that live in the area.

Name	Number	Relationship to You
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____

Why do you wish to become a Pioneer Humane Society (PHS) volunteer?

PHS requires 2 proof of ID before you can actively volunteer with the society. (Ex. Of ID can be license, utility bill, etc.)
 1. _____
 2. _____

Witnessed by: _____
 Date: _____

PHS has a "No Tolerance" Drug and Alcohol Policy. PHS may require drug testing and background checks.

Have you ever been arrested? _____	Date: _____	Charges: _____
Have you ever been convicted? _____	Date: _____	Charges: _____

PHS

Volunteer Survey

Please check off activities for which you are interested in volunteering:

Public Education and Public Relations

- | | | |
|---|--|---|
| <input type="checkbox"/> Information Booths | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Writing articles/stories for Newsletters |
| <input type="checkbox"/> School Education | <input type="checkbox"/> Photography | <input type="checkbox"/> Post-Adoption Caller |

Animal Caretaking

- Pet Socialization Foster Parenting Pet Adoption Helper

Program Support

- Serve on committee to plan/coordinate fundraisers or educational events.
- Recruit businesses to donate items for fundraisers or money for Building Expansion Fund
- Volunteer at Special Events like fundraisers:

Support Tasks

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Telephoning | <input type="checkbox"/> Computer Data Entry | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Bulk Mail Preparation | <input type="checkbox"/> Handyman Work | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Thrift Store Helper | |

Thrift Store

- | | | |
|--|---|---|
| <input type="checkbox"/> Sort Donations | <input type="checkbox"/> Donation Pickup | <input type="checkbox"/> Dump Transport |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> General Cleaning | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Thrift Store Helper | | |

Hours You Can Be Available

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Weekdays (Mon-Fri) | <input type="checkbox"/> Weeknights | <input type="checkbox"/> Weekends (Sat./Sun.) |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter |
| | | <input type="checkbox"/> Spring |

Please list any other skills you believe you can offer to the Humane Society:

OFFICE USE:

Interviewed By: _____

Date interviewed: _____

Orientation Attended: _____

Received by: _____

OR DPS website checked: Membership Status: Existing New Will Be

Applicant approved: _____

Area Assigned: _____

Other: _____

Date Received _____

I hereby agree that if I am accepted as a volunteer worker for the Pioneer Humane Society (PHS), I agree to comply with all of the rules and regulations which may be established from time to time by PHS. I understand that failure to comply with the rules and

I understand and agree that if accepted as a volunteer, all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind, that I will not be an employee of PHS nor otherwise derive any benefits normally available to employees of PHS, and that PHS shall incur no liability of any nature as a result of my volunteering for PHS.

I acknowledge that in handling animals and performing other volunteer tasks there exists a risk of injury including physical harm or death, and that all services performed by me will be done at my own risk. Therefore, on behalf of myself, my heirs, and personal representatives, I hereby release, discharge, indemnify and hold harmless PHS and its assigns, successors, agents, staff, officers, board of directors, employees, contractors, and representatives from any and all claims, causes of action, or demands of any nature of cause whatsoever, including costs and attorney fees, arising out of or relating to my volunteering with PHS, including, but not limited to, animal bites, accidents, or injuries.

I understand that public relations are an important part of volunteering with PHS. On behalf of myself, my heirs and personal representatives, if accepted as a volunteer, I give PHS permission to use and publish photographs/video images taken of me as a volunteer for use in its public relations efforts.

Parental Consent (Only to be completed if the Volunteer is under the age of eighteen (18))

I represent that I am the parent or legal guardian of a minor, (the "Volunteer"), and by my signature below consent to and allow my son/daughter/ward to perform volunteer services for the Pioneer Humane Society (PHS) under the terms and conditions as set forth for volunteers. In addition, I give PHS permission to use and publish photographs of my son/daughter/ward, the Volunteer, as part of its public relations efforts.

On behalf of myself and the Volunteer, and our heirs and personal representatives, I hereby release, discharge, indemnify and hold harmless PHS and its assigns, successors, agents, staff, officers, board of directors, employees, contractors, and representatives, from any and all claims, causes of action, or demands of any nature or cause whatsoever, including costs and attorney fees, arising out of or relating to the Volunteer's volunteer work with PHS, including, but not limited to, animal bites, accidents, or injuries.

Completed by ALL

Release of Liability: I fully understand that as a part of my volunteer assignment with the Pioneer Humane Society that I (or my child, if applicant is under 18) will come into contact with animals either directly handling them or through assisting in their care and adoption. Further I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured. My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability PHS, its agents and assigns, from all acts which are related to normal performance of required and implied duties. I further agree to release, discharge, indemnify and hold PHS harmless for all damage to my personal property while performing my volunteer services to PHS in a voluntary capacity.

** *Signature (PARENTS' SIGNATURE IF UNDER 18):*

Photo Release: I agree to allow picture of myself (or my child, if applicant is under 18) to be used, without compensation, for the purpose of promotion and publicity related to PHS.

** *Signature (PARENTS' SIGNATURE IF UNDER 18):*

Advisory: You are strongly urged to have a current tetanus vaccination to protect yourself should you be cut, scratched or otherwise injured in such a way that tetanus infection could threaten your health.

** *Initial (PARENTS' INITIAL IF UNDER 18):*

Health Note: You are required to meet privately with the Volunteer Coordinator to discuss any physical conditions you may have, or medication you may be taking affecting your blood clotting function or your immune system. This would include conditions such as, but not limited to taking blood thinners, aspirin therapy, any autoimmune diseases, HIV hepatitis, chemotherapy, or immune system suppressants. A release from your physician may be required in order to best protect you from injury.

** *Initial (PARENTS' INITIAL IF UNDER 18):*

Medical Release: I (or my child if applicant is under 18) have/has the following allergies (food, animal, medical, etc.) _____

I (or my child if applicant is under 18) have/has the following medical conditions (diabetes, heart condition, seizures, etc.) _____

In case of emergency, I authorize the Pioneer Humane Society to arrange for emergency medical treatment after attempting to notify the contacts listed below. List 2 personal or professional contacts below.

** *Signature (PARENTS' SIGNATURE IF UNDER 18):*

Name	Phone Number	Relationship To You