

## Volunteer Application

Thank you for your interest in volunteering with the shelter animals at the Olympic Peninsula Humane Society. Volunteers are the backbone to keeping the Humane Society's animals healthy and happy.

All volunteers must attend a New Volunteers Orientation. Orientation can be held at the time you fill out the application, if staff is available to do so, or at a time scheduled with our Office Staff.

Volunteer hours are 11 am to 4:30 pm Monday through Saturday, and other hours that will vary for special events.

Hours accumulated are not to be used for court-ordered community service or probation purposes.

Volunteers under the age of 16 must volunteer with their parent or legal guardian. Both individuals must attend New Volunteer Orientation. Volunteers under the age of 16 volunteering at the shelter or OPHS event without a parent or guardian will be asked to leave, and return with a parent or guardian.

### **VOLUNTEER OPPORTUNITIES**

Check areas of interest:

\_\_\_\_\_ Dog Attendant: Help staff maintain sanitary and healthy environment. Clean Kennels, feed and water. Wash laundry, dishes. Replace bedding.

\_\_\_\_\_ Dog Groomer: Brush, give one-on-one attention, improve appearance, bathe and clip nails.

\_\_\_\_\_ Dog Walker: Take dogs to designated areas to exercise and socialize

\_\_\_\_\_ Cat Attendant: Help staff maintain sanitary and healthy environment. Clean kennels, feed and water, change litter, replace bedding. Wash laundry, dishes and litter pans.

\_\_\_\_\_ Cat Socializer: Provide socialization by holding, brushing, playing with cats and kittens. Strict sanitation rules must be followed to prevent spread of disease.

\_\_\_\_\_ Foster Home Program: Care for animals in your home. There is a special need for care of very young or very ill animals, pregnant cats, animals that have been at the shelter too long, and those with special needs. An additional application is required

\_\_\_\_\_ Offsite & Petco Adoptions: Assist in setting up and breaking down the offsite adoption area. Handle adoptable animals. Talk to potential adopters. Dates and locations are available by email monthly. This opportunity can require a high level of physical activity. Some locations are out doors.

\_\_\_\_\_ Transporting Animals: Take animals to vet or special events, transfer to other adoption agencies. Requires a clean driving record and an open schedule.

\_\_\_\_\_ Maintenance/Housekeeping: Help keep the office/buildings/facility clean and in proper working order. Maintain appearance and accessibility of grounds. Laundry, sorting donations, food, organizing storage areas, weeding, cutting grass, small repairs/construction, etc.

\_\_\_\_\_ Fund Raising/Marketing Promotion: Assist in soliciting donations and sponsorships from community.

PERSONAL INFORMATION      Date of Application \_\_\_\_\_ DOB \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best method of contact: Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell/Home. \_\_\_\_\_

Does your company have a Matching Gifts policy for volunteer service? \_\_\_\_\_

**Emergency contact:** Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**General Information**

Do you have any pets? If yes, let us know how many and their ages. \_\_\_\_\_

\_\_\_\_\_

Are your animals spayed or neutered? If not why? \_\_\_\_\_

\_\_\_\_\_

Have you ever visited an animal shelter before? \_\_\_\_\_

Do you have any experience as a volunteer? If yes, with what organization(s)? \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Why do you want to volunteer with us? \_\_\_\_\_

\_\_\_\_\_

Do you have any physical restrictions, medical limitations or allergies? \_\_\_\_\_

\_\_\_\_\_

Please list any special skill that you may have that would be helpful to the shelter. \_\_\_\_\_

\_\_\_\_\_

How often would you like to volunteer? \_\_\_\_\_

Although the Olympic Peninsula Humane Society does not have a “time limit” on adoptable animals, occasionally we must euthanize animals that become ill or have behavior issues. How do you feel about this?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Junior Volunteer Information

If you will be volunteering with a child under the age of 16 years old, please fill out the following information.

Child Name Volunteer's \_\_\_\_\_

Date of Birth \_\_\_\_\_

What is your relationship with the child? \_\_\_\_\_

Child's emergency contact: \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

## Volunteer Agreement and Contract Adult /Youth

Initials/ Initials

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of the Olympic Peninsula Humane Society.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ I agree to abide by all Olympic Peninsula Humane Society Policies and Procedures.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ I authorize the Olympic Peninsula Humane Society 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 10 years. I have provided proof of this medical record. I understand I cannot participate in any direct animal care until I sign a tetanus waiver.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ I understand that before I can begin to volunteer I must attend an orientation. Orientations are held by appointment at the OPHS shelter.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ I understand that in handling animals and performing other volunteer's task there does exist a risk of injury including physical harm caused by the animals. \_\_\_\_/\_\_\_\_/\_\_\_\_\_ I hereby allow the OPHS to use any photographs taken of me on property or at a special event for public relation purposes.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ I understand as a Humane Society volunteer, I will volunteer my time working as a team the entire time I am on Olympic Peninsula Humane Society property. A violation of this rule will result in the possibility of being terminated from the volunteer program.

**Hold Harmless Waiver**

\_\_\_\_\_/\_\_\_\_ I agree that on behalf of myself, my heirs, personal representatives and executors, do release, discharge, indemnify, and hold harmless the Olympic Peninsula 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 but not limited to, costs and attorneys' fees incurred by the Olympic Peninsula 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 Olympic Peninsula Humane Society including but not limited to animal bites, accidents, or injuries.

**Tetanus Vaccination Waiver-Adult Volunteer**

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

Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_

**Tetanus Vaccination Waiver-Jr. Volunteer**

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

Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Print name: \_\_\_\_\_  
Adult signature: \_\_\_\_\_  
Print name: \_\_\_\_\_