**Volunteer Application**

**For Office Use Only:**

**Applicant Contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Online Training Scheduled/Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Orientation Scheduled/ Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Schedule Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Return to:

Info@ophumanesociety.org or 1743 Old Olympic Hwy.

Mailing address: PO Box 3124 Port Angeles, WA 98362

Applications must be filled out completely to be considered.

OPHS will arrange a discussion with you regarding how you wish to help. We will then schedule training and orientation for you. \*Please be sure you have watched our [Volunteering 101 video](https://www.ophumanesociety.org/volunteer) before submitting your 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.

A few things to note: our volunteer program requires eight hours of service per month for at least six months; volunteer hours are 11am – 6:30pm Monday, Tuesday, Thursday, Friday, Saturday and hours will vary for special events; hours accumulated are not to be used for court-ordered community service or probation purposes; and volunteers under the age of 18 must volunteer with a parent or legal guardian.

**Volunteer Information**

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

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

If yes: Employer name and phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schedule Type: Fixed Open On Call

If fixed, please identify your intended schedule \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_These questions are asked to help OPHS place you in a volunteer position that suits your needs.

If you are working with an agency or job coach to gain skills through volunteering OR you require another individual to accompany you to assist you with your volunteer duties, please indicate their name, relationship to you, the agency they work for (if applicable), and their contact information.

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Have you ever been convicted of a misdemeanor/felony/theft/assault/sex offense or do you have any outstanding warrants or charges pending against you? (Please circle one) Yes No (If yes, please explain:)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Junior Volunteer Information**

If you will be volunteering with a child under the age of 18, please fill out the following.

Minor’s Name & DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to the minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s emergency contact: Relationship to minor, Name & Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Volunteer Opportunities**

**Please check all that you are interested in:**

\_\_\_\_ Dog Attendant: Help staff maintain sanitary and healthy environment. Clean kennels, fold laundry, wash dishes, replace bedding, load Kongs with food and refill water dishes.

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

\_\_\_\_ Dog Socializer: Provide socialization and enrichment by spending time with dogs outside of their kennels.

\_\_\_\_ Dog Groomer: Brush, improve appearance, bathe and clip nails.

What level of experience do you have handling dogs? Please circle 1-10 with 1=no experience, 5=owned, fostered dogs, 10=worked or volunteered at a shelter /boarding facility

1 2 3 4 5 6 7 8 9 10

\_\_\_\_ 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.

What level of experience do you have handling cats? Please circle 1-10 with 1=no experience, 5=owned, fostered cats, 10=worked or volunteered at a shelter /boarding facility

1 2 3 4 5 6 7 8 9 10

\_\_\_\_ Offsite Adoptions & Local Festivals: Assist in setting up and breaking down the offsite adoption area. Handle adoptable animals. Talk to potential adopters. Staff booths at festivals or events.

\_\_\_\_ 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.

\_\_\_\_ Special Events & Funding Activities: Organize and prepare for events, solicit in-kind donations and sponsorships, decorating, set-up, office mailings and filing.

\_\_\_\_ Community Awareness: Shutterbugs photograph animals, writers create animal profiles for posting to PetFinder and Facebook which help attract adopters to our animals needing forever homes.

\_\_\_\_ Adoptions Support & Volunteer Coordination Team: Greet potential adaptors, facilitate post adoption support and resource referral, outreach to new and existing volunteers, volunteer schedule coordination.

\_\_\_\_ Foster Program: Check in with foster parents, facilitate resolving any issues for our fosters, document progress of animals being fostered for staff review. To become a foster parent a separate application is required.

\_\_\_\_ Education: Instruct youth groups on how to care for animals, bring animals to nursing homes for visits, attend community events.

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

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**Essential Volunteer Capabilities**

Safety of the animals in our care and the people who work with them is of paramount import to OPHS. When you volunteer, staff is often busy caring for the animals or talking with adopters, thus, after training, the ability to work independently with minimal or no supervision is critical; while also recognizing limitation in knowledge/abilities and knowing when to ask for help if needed. Animals onsite have both a variety of backgrounds and dispositions, volunteers need the ability to read animal body language, hear warning signs such as growling, and remain calm when faced with unexpected animal behaviors. We care about your safety while interacting with the animals, if you ever feel uncomfortable or not confident in your ability to safely respond to a situation, please alert staff immediately.

If you or an individual you are representing may need any reasonable accommodation to meet these requirements, please contact us at 360-457-8206 before submitting your application. By submitting this application, you certify that you meet these requirements OR you have confirmed with OPHS Volunteer Services Manager that some accommodation can be made.

OPHS asks all volunteers to share our commitment to provide the resources necessary to build lifelong relationships between people and their pets. We do this by providing services to people and pets using professional boundaries, humane treatment of animals and positive interaction between customers, clients, staff and volunteers.

Therefore, all volunteers and staff ae required to adhere to the following:

1. I will respect and maintain the confidentiality of all customers, clients, staff and volunteers.
2. I will refrain from imposing religious or political beliefs on customers, clients, staff or volunteers.
3. I will refrain from the use of drugs and alcohol during my volunteer assignments for OPHS.
4. I understand that sexual harassment towards customers, clients, staff or volunteers will not be tolerated.

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

* I have watched the Volunteering 101 video, and I agree to comply by all rules and regulations stated therein.
* I agree to complete any and all required training. I agree to abide by the policies and procedures presented to me through training and orientation. I understand that if I do not follow rules established by OPHS, I may be subject to corrective action and/or termination from the Volunteer Program.
* I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Washington State Workers Compensation Law. I authorize OPHS to seek emergency medical treatment in case of accident, injury or illness. I agree to hold OPHS, its employees, volunteers and officers harmless in all matters relating to my service as a volunteer, including but not limited to personal injury.
* I agree on behalf of myself, my heirs, personal representatives and executors to allow the Olympic Peninsula Humane Society to use any photographs or videotapes taken of me for use in public relations efforts.
* I understand that I am a representative of the Olympic Peninsula Humane Society and that I may have access to personal or privileged information regarding the organization. I agree to respect and maintain confidentiality of all donors, customers, volunteers, staff and animals of the Olympic Peninsula Humane Society both on and offsite, during and outside of volunteer hours. I understand that any disrespectful or misleading representation of the Olympic Peninsula Humane Society may be cause for immediate dismissal from the Volunteer Program.
* I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release OPHS from all responsibility that may occur because of my not pursing this matter further, and I understand whatever decision make is at my own risk.
* I understand the hourly requirements for being a volunteer is 8 hours a month for a minim of 6 months. I understand that if I am unable to meet the hourly requirements for volunteering that there are other option, but I must contact the Volunteer Department Coordinator at 360-457-8206 before starting.
* I agree that on behalf of myself, my heirs, personal representatives and executors, do hereby 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 attorney’s 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.
* I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of OPHS.
* I agree to abide by all OPHS policies and procedures.
* I authorize OPHS 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.

In signing the application, I understand and agree to the points previously listed. If filling out online, typing your signature and date is considered contractually binding.

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Applicant Signature Date

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Print Name

**For Parents and/or Guardians**

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Signature Date

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Print Name