

DELTA HUMANE SOCIETY

VOLUNTEER APPLICATION

CONTACT INFORMATION:

**REQUIRED FIELDS*

*NAME: _____ DATE: / /

*PHONE #: () - ALT. PHONE #: () -

*E-MAIL : _____

*DOB: / /

ORGANIZATION (IF APPLICABLE): _____

EMERGENCY CONTACT INFORMATION:

*NAME: _____

*RELATIONSHIP: _____

*PHONE #: () -

NAME: _____

RELATIONSHIP: _____

PHONE #: () -

Which aspects of volunteer would you be interested in? (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> SOCIALIZING WITH THE ANIMALS (CATS AND DOGS) | <input type="checkbox"/> BATHING AND BRUSHING |
| <input type="checkbox"/> FUNDRAISING AS AN INDIVIDUAL | <input type="checkbox"/> FUNDRAISING |
| <input type="checkbox"/> BE THE MASCOT | <input type="checkbox"/> COMMUNITY EVENTS |
| | <input type="checkbox"/> HELP IN DAILY ROUTINES |

*WHAT DAYS ARE YOU AVAILABLE? M T W Th F S Su

*WHAT TIMES WILL YOU BE ABLE TO COME IN?

LIST ANY SKILLS, TALENTS, OR QUALIFICATIONS THAT YOU THINK WOULD BE USEFUL IN YOUR VOLUNTEER EXPERIENCE WITH DELTA HUMANE SOCIETY.

DESCRIBE PREVIOUS EXPERIENCE WORKING WITH ANIMALS.

***HAVE YOU EVER BEEN INVESTIGATED/CHARGED FOR ANIMAL CRUELTY? Y / N**

***IS THERE ANY CONDITION OR CIRCUMSTANCE (i.e. MED, LEGAL, PERSONAL, etc.) THAT DHS NEEDS TO BE MADE AWARE OF? Y / N. IF SO EXPLAIN:**

Volunteer Agreement – TERMS AND CONDITIONS

My services to Delta Humane Society are provided strictly in a volunteer capacity as a volunteer, and without any Express or implied promises of salary, compensation or other payment of any kind whatsoever.

I will follow the policies, procedures and safety precautions of the Delta Humane Society and follow the instructions/directions of the staff at DHS. I understand that Delta Humane, without notice or hearing may terminate my services as a volunteer at any time, without reason.

I understand the potential safety risks of working with animals and of bringing home illnesses from the shelter to personal pets. I will practice reasonable health hygiene and adhere to the hygiene policies of DHS. I am covered by a health insurance plan.

I will not bring unapproved guests, family or personal pets to the shelter while I am on duty.

RELEASE

On behalf of myself my heirs, personal representatives & assigns, I hereby release, discharge, indemnify and hold harmless Delta Humane Society, its directors, officers, employees and agents from any and all claims, cause of actions and demand of any nature whether known or unknown, arising out or in connection with my volunteer activities on behalf of Delta Humane Society.

Signature: _____ Date: _____