



P.O. Box 1665
Vernon, TX 76385-1665
Tel: (940) 552-5373
www.wilbargerhumanesociety.org

Volunteer Application (Ages 16 +)

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Employment:

Company name/School name

Occupation: _____
(Job title or description)

Employer has matching or time off program? Y N (circle one)

Your Phone: (H) _____ (W) _____ (Cell) _____

Your
Email: _____

NOTE: By giving us your e-mail address, you agree to receive weekly newsletter e-mail's from us.

In case of emergency, please notify:

Relationship: _____ Phone: _____

Do you have any physical, medical or psychological limitations or disabilities? (i.e., heart condition, mental illness, learning disabilities, back injuries, epilepsy, etc.) If yes, please explain:

List any previous volunteer experience:

Agency	Activity	Dates

Why are you volunteering at the Wilbarger Humane Society?

Help Homeless Animals Community Service Credit Placement w/Vocational Counselor

If volunteering with Vocational Counselor or Case Manager what is their:

Name: _____ Phone: _____ Company name: _____

Volunteer work at the Shelter is not only animal-related, but does involve contact with the general public. What type of public-contact experience have you had?

List your specific skills and talents that might be useful in your volunteer work: (artistic, photographic, computer, language, animal handling experience, etc.)

What is your experience with dogs?

First-time owner Have had 1 or 2 Knowledgeable & experienced

What is your experience with cats?

First-time owner Have had 1 or 2 Knowledgeable & experienced

What other types of animals have you had experience with?

Please give the name of two (2) references that know of your abilities and interests – they may be personal, professional, volunteer or school references:

Reference	
Name: Personal: <input type="checkbox"/> Professional: <input type="checkbox"/> School: <input type="checkbox"/> Other: <input type="checkbox"/>	
Phone #:	
Describe relationship with reference and duties performed at organization if applicable:	

Reference	
Name: Personal: <input type="checkbox"/> Professional: <input type="checkbox"/> School: <input type="checkbox"/> Other: <input type="checkbox"/>	
Phone #:	
Describe relationship with reference and duties performed at organization if applicable:	

Volunteer Questionnaire:

1. What attracted you to the Wilbarger Humane Society?

2. Which opportunities interest you the most?

3. What are your goals as a volunteer at the Wilbarger Humane Society?

4. What questions do you have for us?

The Wilbarger Humane Society
Waiver, Release, and Indemnification Agreement

This agreement is entered into with The Wilbarger Humane Society (WHS) jointly by the undersigned _____ (print your name), in order to permit the Volunteer to participate in the In-Shelter Volunteer program. This Agreement is for the benefit of WHS and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "Indemnitee" and collectively as "Indemnitees").

Volunteers have been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. As such, the Wilbarger Humane Society cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that the following are some, but not all, of the risks associated with working with shelter animals:

- Bites or scratches from dogs, cats, rabbits, rodents, and birds
- Being knocked down or pulled excessively by a dog
- Injuries relating to wrist/hand/fingers from a dog leash
- Slips/trips/falls resulting from wet floors/kennels or equipment
- Hitting heads on objects such as cage doors/kennel walls/hose boxes, etc.
- Water or cleaners sprayed in eyes
- Injuries resulting from cage doors, equipment, etc.
- Flea/tick bites or ring worm infestation
- Internal or external parasites
- Zoonotic illnesses (human illness contracted from animals)
- Animal illness exposure to animals at home
- Injuries related to lifting animals, food, litter, or equipment
- Injuries caused from grooming equipment-such as clipper blades, shears, driers
- Exposure to cleaners, latex gloves, bleach, parasite control products
- Exposure to or incidents relating to the public (outbursts, inappropriate contact)
- Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact)
- Loss of personal property
- Any type of damage to car while parked on WHS grounds
- Damage to clothing from animals, cages, chemicals, etc.

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation at the shelter. Volunteers agree that WHS and Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of WHS, any Indemnitee, or a third party.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates at the shelter.

Volunteers fully, completely, and unconditionally waive and release each Indemnitee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteers may have now or in the future against WHS or any Indemnitee relating to participation at the shelter.

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public at the shelter. Should an accident or other medical emergency occur while participating at the shelter or while Volunteer is en route to or from WHS-sponsored events and WHS staff members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for WHS staff members to authorize necessary hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery, and medication.

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

Volunteers represent and warrant that each of them has the authority to enter into this agreement.

If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

Volunteer: _____ Date: _____
(Signature)

Parent Signature if volunteer is under 18:

(Signature)

Daytime telephone number(s): _____

Evening telephone number(s): _____

Emergency contact/number: _____

Medical Information:

(Name of insurer)

(Policy Number)

(Insurer's telephone number)

(Physician's name)

(Physician's telephone number)

Wilbarger Humane Society Volunteer Background Checks

To better protect any members of vulnerable populations (children, elderly person, physically or mentally disabled persons) and in compliance with our general liability insurance, we may run background checks on WHS volunteers.

Using the information provided on the attached form, WHS will check for arrests or convictions of crimes. If a specific arrest or conviction appears on someone's record, we are notified of that fact, without details. If nothing shows up on the check, we receive that information only. We do not receive any information about driving records or other history.

If you have been convicted of a crime, please describe the details and dates on a separate sheet of paper and submit it with your application. The information you provide will be taken into consideration when we review your application. Your application and any other information you provide is kept confidential.

Should you have any questions regarding this form, please contact Kristin Bigler, Volunteer Resources Manager at 503-416-2995 for more information

Volunteer's Name: _____ Date: _____

Driver's License: _____ State: _____

SSN#: _____

Background information is necessary in order for you to volunteer at the Wilbarger Humane Society. Refusal to provide the necessary information may result in denial of volunteer applicant's acceptance into the Volunteer Program. You do, however, have the right to refuse to answer any or all questions. If, indeed, you feel the need to do so, please write, "Refuse to Answer".

1. Have you ever been convicted of a felony? _____

2. If so, what was the crime and when were you convicted?

3. How long have you been at your present residence? _____

4. If less than one (1) year, please list your previous address:

I hereby affirm the information given above is true to the best of my knowledge and give the Wilbarger Humane Society permission to use said information in order to obtain data regarding my background.

Signature _____ Date _____

Wilbarger Humane Society Volunteer Agreement

In signing this agreement, I understand and agree to the following:

I will treat all animals, people, and property I come in contact with at the Wilbarger Humane Society with respect. I will refrain from using profanity and conduct myself with courtesy at all times.

I will be on time for my scheduled shift. I will sign in and sign out for my shift at the Volunteer Computer and report via email or phone any additional time I spend for WHS-related activities offsite. Accurate tracking of my volunteer hours directly aids in the Society's ability to obtain grants.

I agree to commit to volunteering a minimum of 12 hours per month for the first three (3) months, then strive to continue to reach 8 hours monthly after that. When I am no longer able to volunteer at the shelter, I will return my name badge and Door Access Card for deactivation.

I will wear an Wilbarger Humane Society apron and name badge while volunteering. I will come appropriately dressed, wearing close-toed shoes, pants, and clothing appropriate for my position. **If I am wearing shorts or open toed shoes I may be asked to leave due to safety risks.** Because each volunteer is a representative of WHS in the eyes of the public, we ask that volunteers have no visible tattoos of an offensive nature. For safety reasons, we ask that volunteers cover or refrain from wearing visible body piercings, except for ears.

I agree to be supervised by the Volunteer Coordinator or a designated staff person. If I feel that a communication problem exists between paid staff and myself, I will report the problem to the Volunteer Coordinator as soon as possible.

I give permission to the Wilbarger Humane Society to use photographs or video footage of my volunteer activities.

I understand that as a volunteer I may gain access to information about WHS, customers, or staff that is confidential. I agree to maintain confidentiality and to refuse disclosure of any information that is either private or personal.

Volunteering at the Wilbarger Humane Society is at-will. Active volunteer status at WHS may be terminated for any reason, with or without cause or notice, at any time by either parties-the volunteer or WHS. I understand that if I have no reported hours for six (6) months, my active status as a volunteer will be removed.

Volunteer Signature

Date

Print name

Parent/Guardian Signature (if under 18 years)

Date

Print Parent/Guardian name