



VOLUNTEER APPLICATION

CONTACT INFORMATION

NAME _____ DATE OF APPLICATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS _____ BIRTH DATE _____

(PLEASE CIRCLE ONE)

WHAT IS THE BEST WAY TO KEEP IN CONTACT WITH YOU

HOME WORK CELL EMAIL MAIL

IF BEST TO CONTACT VIA PHONE, WHAT IS THE BEST TIME TO REACH YOU? WEEKDAYS WEEKENDS
 MORNING (9:00 AM ~ 12:00 PM) MIDDAY (12:00 PM ~ 5:00 PM) EVENING (5:00 PM ~ 7:00 PM)

AGE

UNDER 16 YEARS OF AGE* 16 ~ 18 YEARS OF AGE OVER 18 YEARS OF AGE

IF UNDER 18 YEARS OF AGE, PLEASE LIST PARENT OR GUARDIAN NAME _____

*Volunteers under the age of 16 are welcome to volunteer with a parent/guardian present, must be a minimum of 10 years old to volunteer.

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO

YES, PLEASE EXPLAIN _____

EMPLOYMENT/EDUCATION INFORMATION

EMPLOYER _____ TITLE _____

FULL TIME PART TIME HOMEMAKER RETIRED STUDENT

SCHOOL _____ LAST GRADE LEVEL COMPLETED _____

VOLUNTEER QUESTIONNAIRE

WHAT DO YOU KNOW ABOUT HARBOR HUMANE SOCIETY?

HOW DID YOU LEARN ABOUT HARBOR HUMANE SOCIETY?

WEBSITE WORD OF MOUTH CURRENT VOLUNTEER PUBLICATION
MEDIA OTHER _____

HAVE YOU EVER VOLUNTEERED WITH US BEFORE? No Yes, WHEN _____

WHY DO YOU WANT TO VOLUNTEER WITH HHS?

SCHOOL SERVICE PROJECT COMMUNITY SERVICE IN BETWEEN JOBS
RETIRED FOR FUN OTHER _____

HHS REQUIRES A MINIMUM OF 5 HOURS PER MONTH/6 MONTH TIME COMMITMENT.
ARE YOU ABLE TO COMMIT TO THIS? Yes No

WHAT SKILLS, KNOWLEDGE OR EXPERIENCE DO YOU HAVE THAT COULD BENEFIT
HHS? _____

ARE THERE ANY SKILLS, KNOWLEDGE OR EXPERIENCE YOU HOPE TO GAIN FROM
VOLUNTEERING WITH HHS? _____

HOW DO YOU FEEL ABOUT HUMANE EUTHANASIA? _____

WHAT ARE YOUR THOUGHTS ON THE PET OVERPOPULATION PROBLEM & SPAYING
AND NEUTERING? _____

ARE YOU COVERED BY HEALTH INSURANCE? YES NO

DO YOU HAVE BOTH A VALID DRIVERS LICENSE & CAR INSURANCE? NO YES

FULL NAME ON LICENSE _____

DL # _____ DATE OF BIRTH _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS, INCLUDING PET ALLERGIES, WHICH EXCLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE OF INTEREST?

YES NO

VOLUNTEER PREFERENCES

PLEASE REFER TO THE VOLUNTEER POSITIONS HAND OUT AND LIST YOUR TOP THREE POSITION PREFERENCES

1.) _____

2.) _____

3.) _____

I understand that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, my heirs personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless Harbor Humane Society and its directors, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities.

Understanding that public relations are an important part of a volunteer's activities, I hereby grant Harbor Humane Society of the right to use my name, portrait, photograph, video segment or other image, and those of any minor named below, on whose behalf I am signing, for marketing, public relations and/or educational purposes. I grant Harbor Humane Society the right to use the name or image described above in print, video and/or electronic media. I understand that Harbor Humane Society retains all rights to use, publish or distribute the portraits, photographs, video segments or other images and has the right to do so without seeking any further permission from me or providing me any royalty.

I ask that Harbor Humane Society use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to Harbor Humane Society's use or publication of my name or image for marketing, public relations and/or educational purposes.

Signature _____ Date _____

If you are under 18 years of age, we must have your parent/guardian's signature below.

Parent/Guardian (of Volunteers 18 years of age and younger): As a parent/guardian of the above named volunteer, I hereby give consent for my child or ward, as the case may be, to become a volunteer for Harbor Humane Society as described in the above Volunteer Agreement and by the signature below, join in and agree to be bound by the terms and conditions of the above Release.

Signature _____ Date _____