



3224 20th Ave SE
Hickory, NC 28602
Tel: (828) 464-8878
Fax: (828) 464-4299
www.catawbahumane.org

Volunteer Application (Ages 16 +) ****Parent or Guardian of a VIP****

A minimum of 8 hours of volunteer service per month is required to be a volunteer

Volunteer opportunities include:

Dog walking
Cat cuddling

Foster Care
Shelter/Clerical

Humane Education
Pet Assisted Therapy

Offsite Showcasing/PR

(some opportunities are weekly and others are as needed)

Name: _____ Date of Birth: _____ Date: _____

Address: _____ City: _____ Zip: _____

Employment: _____
Company name/School name

Occupation: _____
(Job title or description)

Employer has matching gift for volunteer service? Y N (circle one)

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

Your Email: _____

NOTE: By giving us your e-mail address, you agree to receive newsletter e-mails 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:

T-Shirt size: S M L XL XXL (circle one)

List any previous volunteer experience: _____

Why are you volunteering at the Humane Society?

Help Homeless Animals Community Service Credit Placement w/Vocational Counselor or
(through school) Case Manager

Please be aware that if you need to fulfill Community Service hours, you must contact the Volunteer Manager at (828) 464-8878. A customized service plan will be contracted.

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

Are your current pets spayed/neutered? Yes No

Are they up to date on all vaccines? Yes No

With what other types of animals have you had experience?

Volunteer Questionnaire:

1. What attracted you to the Humane Society?
2. Which opportunities interest you the most?
3. What are your goals as a volunteer at the Humane Society?
4. What questions do you have for us?

For Office Use Only: <input type="checkbox"/> CC <input type="checkbox"/> Outlook <input type="checkbox"/> GM Orientation Date: _____
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**Humane Society of Catawba County
Waiver, Release, and Indemnification Agreement**

This agreement is entered into with Humane Society of Catawba County (HSCC) jointly by the undersigned _____ (print your name), in order to permit the Volunteer to participate in the Volunteer program. This Agreement is for the benefit of HSCC 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, Humane Society of Catawba County 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 HSCC property
- 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 HSCC 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 HSCC, 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 HSCC 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 HSCC-sponsored events and HSCC staff members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives

consent for HSCC 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: _____

Humane Society of Catawba County 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 Humane Society of Catawba County 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 Sign-in area and report via email or phone any additional time I spend for HSCC-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 8 hours per month for the first six (6) months, then strive to continue to reach 8 hours monthly after that.

I will wear a Humane Society of Catawba County Volunteer t-shirt while volunteering. I will come appropriately dressed, wearing close-toed shoes, pants, and clothing appropriate for my position. **I understand that wearing shorts or open toed shoes may be a safety risk.**

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 Humane Society of Catawba County ("HSCC") the right and permission to use my name, likeness, and voice, together with my endorsement or testimonial (whether written or oral), in all types of advertising and promotion. This right and permission includes photographs, video recordings, audio recordings, and all other media in which my name, likeness, or voice may be reproduced.

HSCC will own any materials and inventions I prepare or make that are related to my job, whether or not made on my own time or in a volunteer capacity. HSCC will also own any materials or inventions I prepare or make during work or donated volunteer hours or using HSCC resources or facilities. I will sign any additional papers HSCC requests to allow HSCC to obtain patent, copyright, or trademark protection in its name for these materials and inventions.

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

I have read and understand the Volunteer Handbook and acknowledge that it may be updated at any time by the Board of Directors of Humane Society of Catawba County without prior notice.

Volunteering at Humane Society of Catawba County is at-will. Active volunteer status at HSCC may be terminated for any reason, with or without cause or notice, at any time by either parties-the volunteer or HSCC. 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

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Volunteer: _____
(Name)

Parent Signature:

_____ Date: _____
(Parents Name – please print) (Signature)

Daytime telephone number(s): _____

Evening telephone number(s): _____

Emergency contact/number: _____

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Date

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