



# VOLUNTEER APPLICATION

DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_

## REQUIREMENTS

All new volunteers are required to complete a Volunteer Application, attend Volunteer Orientation Class and complete Dog &/or Cat Training *before* volunteering.

Minimum age to volunteer is 14. Minors 14 & 15 years of age must volunteer with a parent/guardian at all times, who must also become a volunteer. Minors 16 & 17 may volunteer on their own.

**\*\*\* All minors under 18 years of age must have a parent/guardian fill out and sign a separate permission form. \*\*\***

## IDENTIFICATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

In case of emergency: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Have you been employed here before:  Yes  No If Yes, from (Month/Year) /\_\_\_\_ to \_\_\_\_/\_\_\_\_

Have you ever been convicted of a felony within the last 7 years?  Yes  No  
(Convictions will not automatically disqualify you from volunteering)

If yes, please explain: \_\_\_\_\_

What date(s) did the offence(s) occur? \_\_\_\_\_

Are you volunteering to fulfill a Community Service requirement?  Yes  No. If yes, is it Court Ordered?  Yes  No

Hours needed: \_\_\_\_\_ Deadline: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Note: If community service is court ordered, you must volunteer through our community service side and not through the volunteer side. Orientations for court ordered community service are held every Wednesday night at 5:30 pm.)**

**\*\*\* Would you like an email invitation to join our private Facebook group for volunteers,**

**Movers & Shakers?  Yes**

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## VOLUNTEER/EMPLOYMENT HISTORY

Do you have previous volunteer experience?

Yes  No

If yes, what organization(s) and activities?

\_\_\_\_\_ Are you currently volunteering there?  Yes  No

\_\_\_\_\_ Are you currently volunteering there?  Yes  No

If no, was it your decision to leave and why? \_\_\_\_\_

Why are you interested in volunteering for West Valley Humane Society? \_\_\_\_\_

What skills, expertise or aspects of your work/volunteer/educational background would you bring as a volunteer?

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

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## MINORS

If you will be volunteering with a minor child (age 14 or 15), please list their name:

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













If you are 14 or 15 years of age, please list the name of the parent/guardian who will be volunteering with you:

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

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## AREAS OF INTEREST

(Please check all that interest you.)

 Cat Care _____	 Dog Care/Walking _____	 Clerical _____
 Weekly Vaccination Clinic _____ (Tuesdays 3pm – 6pm)	 Special Events/Fundraising _____	 Donor Appreciation _____ (Phone/Mail)
 Animal Bath/Brush _____	 Front Desk _____	 Donation Inventory _____
 Fostering _____	 Transportation _____	 Dishes/Laundry _____

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## GENERAL RELEASE OF LIABILITY

- I release any and all staff, volunteers, officials, officers, insurers, or any other individual affiliated with the West Valley Humane Society from any and all civil liability and/or any and all forms of injury which may arise as a result of community service or volunteer work while in and on the grounds of the West Valley Humane Society.
- I also acknowledge that there are many dangers and risks associate with Community Service/Volunteer work at the Animal Shelter and I am granting that I do hereby release any and all persons affiliated with West Valley Humane Society from any injuries whether physical or mental sustained by me or the individual I have guardianship over
- Tetanus Information: I understand that because I, or my child (if applicant is under 18), may handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release West Valley Humane Society from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.
- In the event of an emergency, I hereby give West Valley Humane Society permission to seek medical attention for myself or my child, if applicant is under 18.
- I give permission for West Valley Humane Society to photograph my child (if applicant under 18) and/or me for use in any publication or advertising purposes that West Valley Humane Society may designate.
- I acknowledge and understand that as a volunteer of West Valley Humane Society, I or my child (if applicant under 18) is not covered by West Valley Humane Society workers compensation or any other insurance policy for any damages or injuries I or my child may sustain during volunteer activities.
- I understand that West Valley Humane Society activities may involve strenuous activity on my part I am in good health and am aware of no physical problem or condition that will limit or interfere with my ability to participate in the activities.

## VOLUNTEER CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

I hereby acknowledge and agree that I am being employed by West Valley Humane Society (WVHS) as a volunteer in a capacity in which I may have access to confidential information as that term is defined below. In consideration of WVHS' agreement to utilize my services, I agree to the following terms and conditions:

- For the purposes of this Agreement, "confidential information" shall mean that information or material belonging to or specifically designated by WVHS as confidential information which is not generally known by non-WVHS personnel, or which I obtain knowledge and/or access to as a result of my relationship with WVHS. Confidential information shall include, but not be limited to, the following types of information: all WVHS policies, procedures and financial information gained by direct contact with a client or donor, by observation, by telephone or information received while in client, staff, or volunteer contact. Confidential information also includes any information described above which WVHS treats as or designates as confidential information.
- I agree that I shall not, at any time, reveal, report, publish, disclose, transfer or cause to be revealed, reported, published, disclosed or transferred, any confidential information that was gained by direct contact, by observation, by telephone or information overheard, for any purpose except in the course of my work for WVHS. I also agree that no confidential information shall leave WVHS' offices without the appropriate written approval.

## SIGNATURE

I have read, understand and agree to the above information and have or will review and abide by the guidelines in the Volunteer Handbook, which I acknowledge receiving a copy of. I certify that the answers given on this application are true and correct. I also agree that, if I am a volunteer employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the West Valley Humane Society's general liability insurance carrier shall be considered misconduct that may result in my dismissal.

I, by my signature below, acknowledge, understand and agree to all of the previously stated terms and conditions and acknowledge receipt of a copy of this agreement.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**FOR OFFICE USE ONLY**

General Orientation, attended on: \_\_\_\_/\_\_\_\_/\_\_\_\_ by (print) \_\_\_\_\_

Volunteer Handbook, received on: \_\_\_\_/\_\_\_\_/\_\_\_\_ from (print) \_\_\_\_\_

**SPECIAL TRAINING:**

Dog Walking      Trained by (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cat Care      Trained by (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Kennel Cleaning      Trained by (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adoption Counseling      Trained by (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other (Specify) \_\_\_\_\_

Trained by (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other (Specify) \_\_\_\_\_

Trained by (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Senior Volunteer      Approved by (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTES**

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