

**Cherryland
Humane Society
Volunteer Registration**

Name _____ Date: _____

Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Email: _____

Email is CHS' primary form of communication with its volunteers.

This information is private and is not given or distributed to other parties

Cell phone #: _____ Home phone #: _____

Date of birth: _____ Age: _____

Occupation: _____ Employer: _____

Highest level of education completed: High school College Graduate

Emergency contact: _____

Phone number(s): _____

Prior experience with animals:

Other volunteer experience: _____

Do you have pets? _____ Are your pets spayed or neutered? _____

Tell us about them _____

Why would you like to volunteer at Cherryland humane Society? _____

Do you have any special conditions, limitations, mental health or medication issues that you feel we need to know about? _____ Please Describe _____

Have you ever been convicted of:

Animal abuse/neglect? _____ If yes, please explain _____

Misdemeanor? _____ Felony? _____ If yes, please explain _____

Please provide reference information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please check all areas you are interested in volunteering:

Animal care:

Events and staff assistance:

_____ Cat interaction (socialize, groom, play)

_____ Dog interaction (socialize, groom, play)

_____ Hosting (assisting public/visitors)

_____ Laundry/dishes/cleaning

_____ Offsite animal handler (events and fundraisers)

_____ Animal transport (veterinary appointments, etc.)

_____ Enrichment Program (training involved)

_____ Dog Walking Program (training involved)

_____ Fundraising (committee work, planning, events)

_____ Marketing

_____ Clerical

_____ Donor dog program (collection route)

_____ Grant writing and research

_____ Maintenance/landscaping/painting

_____ Pet photography

What would you like to see at CHS? Advancements? Ideas?

Availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____ Call for Availability: _____

CHERRYLAND HUMANE SOCIETY VOLUNTEERS WAIVER AND RELEASE

I, (NAME) _____, hereby agree to accept a position as a volunteer at Cherryland Humane Society (CHS). I understand that the term volunteer means that I render actions or services to CHS as a charitable position.

1. Volunteer status: I fully understand and agree to provide my services to CHS as a volunteer in a voluntary capacity without any express or implied promise of salary, compensation, payment or benefits of any kind. I fully understand and agree to assume all risks involved in any and all duties I perform for CHS in my voluntary capacity. I fully understand that CHS expects high standards of moral and ethical treatment of the animals under its care and I agree to adhere strictly to these standards in my voluntary capacity. I fully understand and agree that either for failure to comply with all obligations outlined in the volunteer agreement or for any reason, while performing my volunteer services, CHS, at its sole discretion, may immediately terminate my services.
2. Individual Responsibility: I recognize that it is my personal responsibility to conduct myself within the confines of all applicable federal, state, and local laws during my tenure as a volunteer. In addition, I acknowledge and understand it is my responsibility to be familiar with and adhere to all relevant information provided to me by CHS.
3. Insurance: I understand that CHS does not assume any responsibility or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of injury, illness, death or property damage. I waive any such claim for compensation or liability on the part of CHS.
4. Medical insurance: I understand that I am responsible for carrying my own medical coverage and that I have an up to date Tetanus vaccination.
5. Assumption of risk: I understand that my tenure as a volunteer may include activities that may be potentially hazardous to me. As the volunteer, I hereby assume the risk of injury or harm in these activities and release CHS from any and all liability for injury, illness, death or property damage resulting from my tenure as a volunteer.
6. Photographic Release: I do hereby grant and convey unto CHS all right, title and interest in any and all photographic images, video or audio recordings made by CHS during my tenure as a volunteer.
7. Confidentiality: I do hereby understand and acknowledge that during my tenure as a volunteer with CHS, I may have access to confidential information. I agree that while volunteering and at all times thereafter, I will hold CHS confidential information in strict confidence and will not disclose or use such information outside of the scope of my volunteer service, or without CHS's prior authorization.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement and that I will comply with the same.

Volunteer Name: (print) _____

CHS Representative Signature: _____

Volunteer Signature: _____

Date _____

I also understand that children under age 18 must be accompanied by a parent/guardian.

Parent or legal guardian of volunteers under age 18:

As a parent or legal guardian of a minor, I hereby give my consent to allow my child/ward to volunteer services to CHS as described in the above Volunteer Agreement. I have read and understand this agreement and fully understand its terms and conditions. On behalf of myself, and my child/ward, I agree to all terms and conditions as set out in the Volunteer Agreement.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____
