

Etowah Valley Humane Society Volunteer Opportunities

Volunteer Name: _____

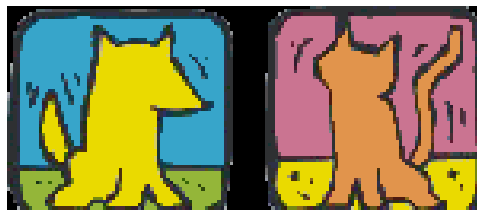
Welcome to the Etowah Valley Humane Society, and thank you for your interest in volunteering. We truly appreciate your time, talent, and generosity! Volunteers are one of our most important assets, and without kind-hearted people like you we could never accomplish all that we do.

In order to help us find the best job for you, we suggest that you review this list and select any opportunities that interest you. Our Volunteer Coordinator will call to discuss your interests, availability, talents, and provide additional information on the opportunities that you have selected. You will be provided with a job description, and we will discuss the time required to complete that job. You can submit this completed form with your volunteer application.

Check all that apply.

<input type="checkbox"/>	Pet socialization (hands on work with cats and/or dogs)
<input type="checkbox"/>	Foster home for cats or dogs
<input type="checkbox"/>	Help with adoptions at the Shelter, PetCo, and Pet Supermarket
<input type="checkbox"/>	Transport pets on adoption days
<input type="checkbox"/>	Transport pets to the airport or to other rescue organizations
<input type="checkbox"/>	Transport pets to veterinary appointments
<input type="checkbox"/>	Administrative assistance: answer phones; paperwork;organizing; mailing; filing
<input type="checkbox"/>	Publications: quarterly newsletter, County Critters, other media
<input type="checkbox"/>	Gathering donations and/or sponsors (monetary and supplies)
<input type="checkbox"/>	Cleaning cat cages and dog runs
<input type="checkbox"/>	Shelter housekeeping: laundry, mopping, washing dishes, general cleaning
<input type="checkbox"/>	Fundraising and planning special events
<input type="checkbox"/>	Other special skills, such as sewing, pet grooming, medical care
<input type="checkbox"/>	Other not listed (list here)

Thank you from the bottom of our hearts for choosing to be a part of this mission driven by love, kindness, and the everlasting desire to make a change in the lives of homeless animals.





Etowah Valley Humane Society Volunteer Application



Date: _____

Personal Information	
Name	
Street Address	
City, State, Zip	
Home phone	
Cell phone	
Work phone	
Email	
Can we contact you at work?	
Birth Date(xx/xx/xxxx)	
Current occupation	
Employer name	
Emergency contact name	
Emergency contact phone number	

VOLUNTEER AGREEMENT

Please read each statement and initial.

I understand volunteering is a time commitment. Should I be unable to honor my commitment, I will contact the volunteer coordinator so my records can be updated.	
I understand I may be pulled from a program if I do not follow protocol for the animals' safety, as well as mine.	
I understand it is strongly recommended I have an up-to-date Tetanus vaccine in the unlikely event I am bitten or scratched. This can be obtained at the Health Department or given by my own physician at my expense.	
The minimum age for a volunteer is 10 years of age. Volunteers between the ages of 10 and 15 MUST be accompanied by an adult at all times and in all areas while volunteering in any capacity. Failure to abide by this requirement is grounds for immediate dismissal from the volunteer program.	
I understand that there are risks involved in working with animals of unknown disposition. I assume the risk of any injury that may result from volunteering at the EVHS, whether in working with animals or any other capacity. By signing this application I legally release EVHS, its officers, directors, and staff from any responsibility for claims of damages, injuries, illnesses, or suffering by myself or anyone in my party. This is legally binding for myself, my heirs, executors, and administrators.	
I release and hold harmless EVHS from and against any and all loss, damage, claims, liability, costs and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in EVHS's programs.	
I understand if an accident or injury shall occur, no matter how minor, I will complete a Volunteer Injury Report form and seek necessary medical attention utilizing my own medical insurance.	

Applicant signature: _____

Date: _____

Print name: _____

Guardian signature (under 18): _____

Date: _____

Print Guardian name: _____

THE EVHS RESERVES THE RIGHT TO DECLINE ANY VOLUNTEER APPLICATION FOR ANY REASON.