



# Oregon Coast Humane Society

## Volunteer Application

Name: \_\_\_\_\_ Date of Birth (if under 18 yrs): \_\_\_\_\_

E-Mail: (Print clearly) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone (if different): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

What days are you available to volunteer? \_\_\_\_\_

Will you be doing community service?  Yes  No  School credit  Court Mandate

### **VOLUNTEER OPPORTUNITIES** (check all that apply)

I am interested in the following volunteer opportunities:

\_\_\_\_\_ Dog walking/socialization

\_\_\_\_\_ Transport animals

\_\_\_\_\_ Trap/Neuter/Release

\_\_\_\_\_ Clerical/reception

\_\_\_\_\_ Estate sale

\_\_\_\_\_ Community outreach/events

\_\_\_\_\_ Recycling

\_\_\_\_\_ General maintenance

\_\_\_\_\_ Data processing

\_\_\_\_\_ Kittens/cats socialization

\_\_\_\_\_ Foster care

\_\_\_\_\_ Veterinary Clinic support

\_\_\_\_\_ Thrift store merchandising

\_\_\_\_\_ Thrift store cashier

\_\_\_\_\_ Marketing/publicity

\_\_\_\_\_ Donation jars

\_\_\_\_\_ IT development

Do you have any experience that you feel would benefit the shelter? Or questions or comments?

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**Please read and initial each of the below statements to indicate your agreement:**

I understand that Oregon Coast Humane Society (OCHS) expects high standards of moral, ethical, and humane treatment of the animals under its care. I agree to treat all animals, people, and property at OCHS with respect.

**Initials:** \_\_\_\_\_

I have been given the Volunteer Handbook and agree to familiarize myself with it and comply with all policies and procedures (current & future) and abide by instructions from OCHS staff.

**Initials:** \_\_\_\_\_

I understand that public relations is an important part of volunteering and give permission for OCHS to use any photographs taken of me for use in public relations efforts.

**Initials:** \_\_\_\_\_

I understand that I may gain access to property owned by OCHS, including intellectual property and confidential information. I agree to refrain from misuse or conversion of such property, and further agree to refrain from disclosing any confidential or private information.

**Initials:** \_\_\_\_\_

I acknowledge that OCHS retains the right to terminate my volunteer involvement at any time and for any reason.

**Initials:** \_\_\_\_\_

I acknowledge that I may be working with and around animals and that animal behavior is not entirely predictable, and accidents and injuries, including bites and scratches, may occur.

**Initials:** \_\_\_\_\_

I acknowledge that the areas in which I may be working will be wet, slippery, or icy and that there is a danger of slipping, falling, or otherwise injuring myself.

**Initials:** \_\_\_\_\_

I, on behalf of myself, my personal representative, assigns, heirs, and next of kin, do hereby release, hold harmless and indemnify Oregon Coast Humane Society, its employees, directors, officers, members, and volunteers, from any and all liability, demands, claims, and causes of action arising out of, or related to, any loss, property damage, or personal injury that may be sustained by me or any property belonging to me which may occur while acting as a volunteer.

**Initials:** \_\_\_\_\_

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**Volunteer Signature**

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**Date**

Please list any experience that you feel would benefit the shelter?