



Humane Society of the Ohio Valley

Volunteer Application



In completing this questionnaire, I agree to fulfill any and all duties I have subscribed to or have been assigned to the best of my ability.

First Name: (please print) _____

Last Name: (please print) _____

Name of child (if applying with a child under 16) Anyone under the age of 16 **MUST** be accompanied by an adult **OR** parent) _____

Email Address: (please print) _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell phone: _____ **Is it OK to contact you at work?** _____

Date of Birth: _____

Date of birth of child applying: _____

Emergency contact: _____

Emergency phone: _____

Current occupation: _____

Employer name: _____

Education background: _____

What is the reason you want to volunteer? _____

Are you willing to make at least a six month commitment to the volunteer program _____?

Do you have a current driver's license? _____ **State:** _____ **Lic. #** _____

Do you understand that you will be placed according to the need of the animals and to match your skill set? _____

Summarize your experience with animals: _____

What do you hope to gain from your volunteer commitment at the Humane Society of the Ohio Valley? _____

Do you have any limitations (heavy lifting, limited walking, allergies, etc.)? _____

If yes, please explain: _____

Do you enjoy working alone or with others?

_____ Alone _____ With staff _____ With the public _____

What are your areas of expertise?

_____ Accounting _____ Computer work _____ Fundraising

_____ Journalism (writing letters, newspaper articles, newsletter, etc.) _____ Painting

_____ Organization _____ Shelter work (bathing/walking animals/cleaning cages/office work

_____ Helping to transport animals to Rescues _____ Grant writing

_____ Chairing a committee _____ Creativity (posters, etc.)

_____ Marketing (telephone, dealing with public, etc.) _____ Adopt-A-Thons

_____ Chauffeuring (animals to Adopt-A-Thons) _____ Maintenance

Would you be interested in serving on a committee? _____

_____ Spay/Neuter _____ Membership _____ Animal Rescue _____ Volunteer

_____ Buildings/Grounds _____ Shelter Operations _____ Humane Education (teaching the importance of having respect and empathy for all types of animals.

When will you be willing to volunteer? (Please check all that apply.) Morning
 Afternoon Evening Weekends Weekdays Special Events

Have you been convicted of a misdemeanor or felony in the last seven years? If yes, please explain: _____

(Conviction may not necessarily disqualify you from volunteering. We may conduct a background check, and if you do not provide complete and truthful information, you could be rejected or terminated.)

**Safety is our number one priority for our animals, staff and volunteers. Due to certain risks inherent in handling animals it is highly recommended that all volunteers have personal health insurance. Do you have personal health coverage?_____*

We ask that all volunteers purchase and wear a volunteer shirt. The price for the volunteer shirt will be \$6.00. Each volunteer will also have a volunteer tag to wear during their shift. Please check your shirt size below:

X-Sm Sm Med Large XL XXL other

In consideration of **The Humane Society of the Ohio Valley** accepting my application for participation in HSOV programs, I agree to release and hold harmless **HSOV** 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 **HSOV's** programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, no matter how minor, that I will complete a Volunteer Injury Report form and seek any necessary medical attention utilizing my own medical insurance. I agree that **HSOV** may photograph my participation in this program, and I hereby release any such photographs to **HSOV** for use in its programs, publications and purposes. **Signature**_____

I agree to the above waiver of liability If you are a parent or guardian applying for a minor, you agree to the following: I give permission for my child to participate in the volunteer program at the **Humane Society of the Ohio Valley. I release and hold harmless the **HSOV**, its agents, and employees from responsibility or liability arising out of my child's participation. I understand there are certain risks inherent in dealing with animals. I certify that my child is covered under my health insurance policy should injury take place while volunteering or participating and I will be responsible for his/her medical bills. I agree to the above parental consent statement.*

Signature:_____