

Humane Society of Jefferson County, WA Volunteer Application

Considering Becoming a HSJCWA Volunteer?

Thank you for considering volunteering your time to benefit the animals at the Humane Society of Jefferson County, WA animal shelter. Our volunteers are the Shelter's most valuable asset and they do a remarkable job of helping the animals. Assignments include dog walking and training, cleaning dog kennels, cat kennel cleaning, feeding and socializing, fostering puppies, dogs or kittens, transporting dogs and cats to and from veterinary appointments, greeting visitors to the shelter and helping them to choose an appropriate animal for their situation; staffing at community outreach events; and helping maintain the grounds around the shelter.

Volunteering at the animal shelter can be extremely rewarding but it may not be the right activity for everyone. Please note the following points to be sure that volunteering at the Humane Society of Jefferson County, WA is right for you. If you have questions please contact the shelter.

The Volunteer Program is open to those who are at least 18 years old.

The Volunteer Program at the shelter is not appropriate for individuals with mental or physical disabilities.

The Shelter Volunteer Program requires a commitment of 8 hours per month for a minimum of 6 months. Those individuals who are able to commit to a regular, weekly schedule will be given preference.

Before volunteering, a new volunteer must attend orientation and training of up to 4 hours, depending on the chosen area of service.

The Volunteer Program does not accept temporary volunteers seeking to satisfy a court-ordered community service requirement or a school project. We do not have the staff to oversee such programs.

We are an open admittance shelter and we accept all companion animals from Jefferson County regardless of their age, temperament or medical condition. Those animals who, after evaluation, may be deemed unadoptable could be humanely euthanized. Our objective is to never have to euthanize for space reasons. If you do not agree that humane euthanasia may be the best outcome in some cases you should look for other volunteer opportunities.

If you are ready to commit to the Volunteer Program at the Humane Society of Jefferson County, WA please complete the following application and return it to the shelter or mail it to Humane Society of Jefferson County, WA PO Box 845, Port Hadlock, WA 98339. Once your application is received you will be sent a confirmation email with additional information regarding upcoming orientation and training opportunities. Incomplete applications, including those without a valid or legible email, will not be considered.

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Personal Information

Name _____ Date _____

Email address: _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Drivers License No. _____

Employment: Not employed ___ Employer's Name _____

Emergency Contact & Medical Information

Emergency Contact _____ Relationship _____

Phone Numbers _____ Cell _____

Health Insurance Provider _____

Physicians Name _____ Phone _____

Do you have any physical, medical or psychological limitations or disabilities that may affect your volunteer responsibilities?
If yes please explain:

Do you have any allergies to animals? Yes ___ No ___

When are you Available? Please indicate days and activity in which you are most interested.

___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Mornings 9-11: ___ Cat / Cage care ___ Dog Walking ___ Dog Kennel Care ___ Cleaning / Dishes/Laundry

Afternoons : 3 - 4:45 ___ Dog Walking 12 - 2:30 ___ Reception / Adoptions ___ 2:30 - 5 Reception / Adoptions

___ Transporting animals to and from vets ___ Landscape maintenance ___ Adoption follow up calls

Fostering: ___ Dogs / Puppies ___ Cats / Kittens

Other: _____

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Why do you wish to be a HSJCWA volunteer and what do you hope to gain from your volunteer experience?

Have you had prior experience at an animal shelter or formal training in a related field? If so please explain. _____

Have you had prior volunteer experience and what did you do? _____

Do you have pets at home? Yes ___ No ___ If yes, type and number of pets. _____

If yes have pets been spayed / neutered? Yes ___ No ___ Which veterinary clinic do you use? _____

Have you ever relinquished a pet into a shelter? Yes ___ No ___

Do you own a dog? Yes ___ No ___ Is your dog licensed? Yes ___ No ___

Have you ever been convicted for **Cruelty to Animals**? ___Yes ___ No **Theft**? ___Yes ___No

Sexual Offense? ___Yes ___No **Drug/Alcohol Offense**? ___Yes ___No

Please explain:

Please list two personal or business references:

Name: _____ Relationship: _____

Daytime telephone: _____

Name: _____ Relationship: _____

Daytime telephone: _____

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Name of Applicant: _____

Email: _____

Phone Contact: _____

In signing the application, I understand and agree to the following:

I agree to attend all required training classes. I agree to abide by the policies and procedures presented to me at the volunteer orientation and training workshops. I understand that if I do not follow rules established by the Humane Society of Jefferson County, WA I may be subject to corrective action and/or termination from the Volunteer Program.

I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Washington State Workers Compensation Law. I authorize the Humane Society of Jefferson County, WA to seek emergency medical treatment on my behalf in case of accident, injury or illness.

I understand that I am a representative of the Humane Society of Jefferson County, WA and that I may have access to personal or privileged information regarding the organization. I agree to respect and maintain confidentiality of all donors, customers, volunteers, staff and animals of the Humane Society of Jefferson County, WA both on and offsite, during and outside of volunteer hours. I understand that any disrespectful or misleading representation of the Humane Society of Jefferson County, WA may be cause for immediate dismissal from the Volunteer Program.

I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release the Humane Society of Jefferson County, WA 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.

Liability Release & Waiver:

I, the undersigned, understand that my participation with the Humane Society of Jefferson County, WA is strictly on a volunteer basis. I understand that there are inherent risks associated with my volunteer activities, including the risk of personal injury resulting from animal bites and other animal behavior, and with such understanding, I hereby waive, release and forever discharge the Humane Society of Jefferson County, WA and its officers, employees, agents or volunteers, from any and all claims (whether present or future) arising out of my participation in the Humane Society of Jefferson County, WA's Volunteer Program. I understand that by signing below I am waiving any and all claims of liability including, but not limited to, claims of negligence and/or injury to me, against the Humane Society of Jefferson County, WA, its officers, agents and employees, arising out of my participation in the Humane Society of Jefferson County, WA's Volunteer Program.

Signature: _____

Date: _____

Print Name _____