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**Volunteer Application Form**

We wouldn’t be able to operate without the help of our dedicated volunteers! Being a non-profit organization, we rely on volunteers to manage and maintain day-to-day operations both at and outside of the shelter. Whether you’re interested in volunteering a few hours of your time during the week or month, your services make a world of difference to the animals in our care!

|  |
| --- |
| **Volunteer Information** |
| Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City/Town: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: 12-14 years 15-17 years 18 plus years | Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Guardian Information if minor** |
| Guardians name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**There are three shifts a day 7 days a week, The shift times are**
Morning 8:30am-11:30am

Afternoon 1:00pm-4:00pm

Evening 6:00pm- 8:00pm

How often would you like to volunteer? Please Check beside your indicated box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Weekly  |  | Bi- Weekly  |  | Monthly |

**Volunteer Policies**

Age 12 plus can work with cats. Age 12-17 can work with dogs with varying levels of supervision. Age 18 plus can work with both dogs and cats.

 Please mark what you’re comfortable working with (please put in notes if your allergic to cats or dogs. Our dogs are housed in close proximity to our cats, so it’s not recommended if you are highly allergic) Please Check beside your indicated box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Cats/ Kittens |  | Dogs/ Puppies  |  | Both |

Extra activities. Please Check beside your indicated box. (Please note for dog walking alone you have to be 18 years plus)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Dog Walking |  | Fundraising  |  | Spring/fall cleaning |
|  | Building maintenance |  | Yard Maintenance |  | Fostering |

**Schedule availability**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift times** | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
| **8:30 –****11:30am** |  |  |  |  |  |  |  |
| **1:00 –****4:00pm** |  |  |  |  |  |  |  |
| **6:00 –****8:00pm**  |  |  |  |  |  |  |  |

**Please check box the times that you are available for volunteering!**

This doesn’t mean you will be scheduled every box you checkPlease use this area to write any notes about yourself & your time and availability.
*Example: I’m available Monday Morning, Saturday anytime, and weekday evenings.*  **Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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ACKNOWLEDGEMENT:** I and/or my child have entered into a volunteer relationship under the direction of the Board of Directors and acknowledge that I and/or my child shall not expect or receive any form of payment for volunteer services that I and/or my child contribute to PHSI. I recognize that I and/or my child can terminate our volunteer service at any time for any reason. PHSI also reserves the right to end my volunteer services whenever the PHSI deems it to be in its best interest. I understand volunteers are not covered by workers compensation legislation.

**RELEASE WAIVER AND IDMENITY:** I release PHSI, its servants, agents, and Board of Directors from any and all liability for any injury, damages, losses and expenses that myself and/or my child may suffer as a result of the volunteer relationship with PHSI. Further, I hereby indemnify and hold harmless the PHSI, its servants, agents, and Board of Directors from any and losses, damages, costs or expenses arising from any claims or demands, which may be made against PHSI arising out of or in consequence of myself and/or my child’s volunteer relationship with PHSI. I made and provide this Release, Waiver, and Indemnity on behalf of myself, my heirs, executors and assigns and anyone claiming by, through, or on my behalf or on the behalf of my child.

**Oath of Confidentiality for Volunteers**

I, the undersigned, agree that I will not disclose or make known to others outside the Parkland Humane Society Inc. Board of Directors any client information or matter which comes to my knowledge through my volunteer service with the Parkland Humane Society Inc. unless it is agreed upon by the board.

* I further acknowledge and agree that I will maintain this Oath of Confidentiality after my volunteer service with the Parkland Humane Society Inc. has been completed.
* I will be conscientious and trustworthy, fulfilling my duties with integrity and professionalism.
* I will fulfill my volunteer duties as promised by being on time for my volunteer duties, and providing as much notice as possible if I am unable to fulfill said duties.
* I will respect the dignity and rights of all others.
* I will foster a spirit of charity, goodwill and cooperation.
* I will support the objectives of the Parkland Humane Society Inc.
* I will declare any potential conflict of interest.

I will always remember…

What I see here, what I hear here, when I leave here, will remain here.

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardians Signature (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_