

Washington Area Humane Society Volunteer Application

Fill out, sign and return to P.O. Box 66, Eighty-Four, PA 15330, 724-229-0404

Name _____ Date _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ May we contact you this way? _____

Occupation _____ (if College Student, please specify) _____

Do you presently own a dog or cat? Yes No If yes, are they spayed/neutered? Yes No

List organizations in which you are a member or otherwise involved:

Organization _____ How Long? _____ Phone _____ Position (if any) _____

Organization _____ How Long? _____ Phone _____ Position (if any) _____

Have you been a committee chairperson? Yes No If yes, what kind? _____

Would you like to chair a committee for WAHS? (Chairing a committee will basically be getting other volunteers involved) Yes No

Check all areas of interest:

I'd like to Work with: Dogs Cats Both None

Kennel Activities: Greeter Clinics Cleaning Fostering Dog Walking Adoption Counseling Laundry

Cat Castle: Greeter Cleaning Adoption Counselor Cat Cuddler

Fundraising Events Offsite Adoptions POCO Banks

Office Duties: Mailings Computer Prepare Newsletter Distribute Newsletters Collating Anything

Others Senior Therapy Youth Programs Maintenance Other

(Specify) _____

In General, please indicate which days and times you might be available for volunteer activities:

| Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| Hours | | | | | | | |

How did you learn about our shelter? _____

In consideration of the opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

1. As a volunteer, I will abide by the mission, rules, regulations, policies and programs of the Washington Area Humane Society (WAHS) while I volunteer, including the release waiver of rights and consent for dog walkers.
2. As a volunteer, any and all monies collected for or on behalf of WAHS must be directly handed over to WAHS.
3. If I stop being a volunteer for WAHS for any reason or upon request by WAHS, I will return within five days, all of WAHS's supplies, equipment, records, monies and any other items in good and clean condition.
4. I assume the risks of being bitten, scratched, injured or frightened by cats, kittens, dogs and puppies or any other animal maintained at WAHS in connection with my volunteer work for WAHS. WAHS is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expense whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities. I will indemnify, defend and hold WAHS harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities from WAHS, or my breach of WAHS's rules, regulations, policies and programs.
5. I understand and agree that the WAHS may refuse my volunteer application for any reason.
6. I have accurately and truthfully completed this Volunteer Application and Agreement.
7. Any modification to this agreement must be in writing and signed by both parties. This agreement is binding upon WAHS, myself and the Washington Area Humane Society's respective heirs, successors, assigns, executors and personal representatives.

Applicant Signature _____ Date _____

Volunteer Coordinator Signature _____