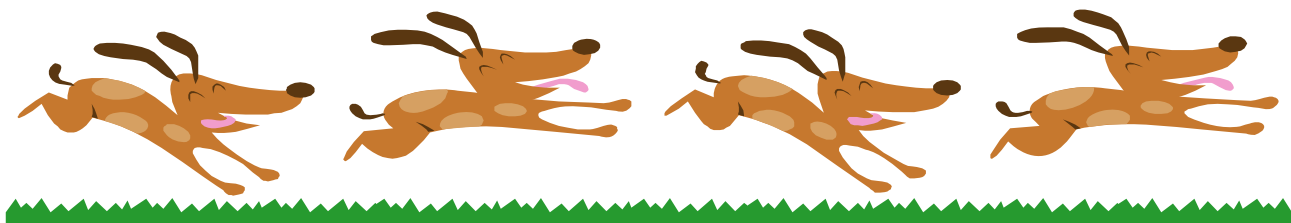


Humane Society of Redmond

VOLUNTEER APPLICATION



MISSION STATEMENT:

TO PROVIDE SHELTER AND CARE FOR UNWANTED AND/OR ABANDONED ANIMALS. TO PROVIDE ADOPTION OR PLACEMENT OF ANIMALS IN QUALITY HOMES. TO PROVIDE EDUCATION IN AREAS OF SPAY/NEUTER, VETERINARY CARE, FOOD AND SHELTER FOR THE HUMANE TREATMENT OF ANIMALS.

WHY ARE VOLUNTEERS NEEDED:

VOLUNTEER TIME AND TALENTS ARE AN ASSET TO THE HUMANE SOCIETY OF REDMOND. THERE ARE MANY WAYS IN WHICH YOU CAN MAKE A POSITIVE DIFFERENCE FOR THE WELFARE AND WELL-BEING OF ANIMALS IN OUR COMMUNITY.

REQUIREMENTS FOR BECOMING A VOLUNTEER:

- BE AT LEAST 15 YEARS OLD (IF UNDER 15 A PARENT/GUARDIAN NEEDS TO BE PRESENT)
- CARE ABOUT THE WELFARE ANIMALS
- COMPLETE REQUIRED TRAINING

PERSONAL INFORMATION:

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____ PO BOX _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ CELL PHONE _____

E-MAIL _____

AGE GROUP _____ ADULT _____ TEEN (15-17) _____ YOUTH (14 AND UNDER)

OCCUPATION _____ EMPLOYER _____

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? _____

WHY DO YOU WANT TO VOLUNTEER? WHAT DO YOU HOPE TO CONTRIBUTE?

DESCRIBE YOUR KNOWLEDGE OF ANIMALS?

DESCRIBE ANY PRESENT OR PREVIOUS VOLUNTEER EXPERIENCE:

PLEASE MARK YOUR SKILLS, TRAINING OR LIST ANY RELATED SKILLS YOU CAN OFFER:

___ ANIMAL CARE

___ ARTWORK/ GRAPHICS

___ TEACHING

___ FUNDRAISING

___ DOG TRAINING

___ CONSTRUCTION

___ GROOMING

___ PUBLIC SPEAKING

___ PUBLIC RELATIONS

VOLUNTEERS ARE NEEDED THROUGHOUT THE ORGANIZATION PLEASE MARK WHAT YOU ARE INTERESTED IN:

___ DOG WALKER

___ SHELTER GREETER

___ CAT SOCIALIZATION

___ CLEANING CREW

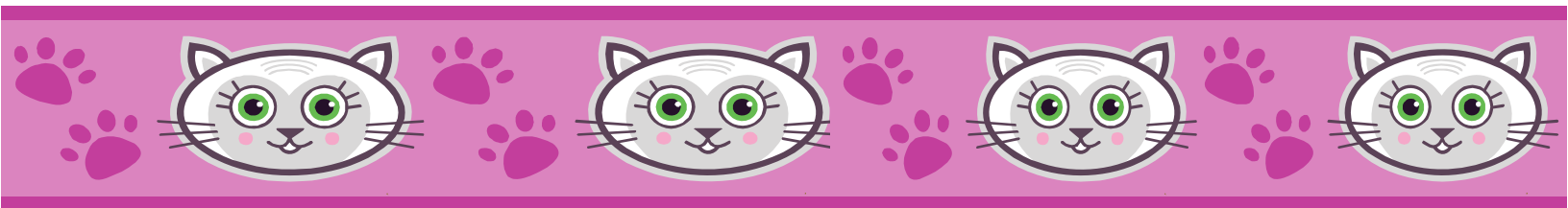
___ SPECIAL EVENTS

___ OFF-SITE EVENTS

___ ADOPTION COUNSELOR

___ FOSTER FAMILY

___ HUMANE EDUCATION/OUTREACH





WHEN CAN YOU VOLUNTEER?

TIME OF DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

HOW MANY HOURS A WEEK DO YOU FEEL YOU CAN CONTRIBUTE ON A REGULAR BASIS?

MAY WE CALL YOU FOR: _____ MAILINGS _____ DAY OF EVENT HELP

WOULD YOU LIKE TO WORK WITH CHILDREN AT SPECIAL EVENTS, OR AT KIDS CAMP?

_____ YES _____ NO

IN CASE OF A DISASTER SITUATION (I.E. FIRE) ARE YOU ABLE TO OFFER ASSISTANCE IN THE FOLLOWING AREAS?

_____ HOUSING ANIMALS----HOW MANY? CATS _____ DOGS _____ LIVESTOCK _____

_____ EMERGENCY HELP AT THE HSR FOR INTAKE, PROCESSING, MATCHING LOST AND FOUND.

_____ PHONE AND COMPUTER WORK FROM HOME



THANK YOU!

WE COULD NOT DO IT WITH OUT YOU!!

**ANIMAL SHELTER
VOLUNTEER RELEASE FORM**



I, _____ HEREBY AGREE TO ACCEPT A POSITION AS VOLUNTEER FOR THE RULES AND REGULATIONS WHICH MAY BE ESTABLISHED FROM TIME TO TIME BY THE HUMANE SOCIETY OF REDMOND, AND I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN MY IMMEDIATE TERMINATION AS A VOLUNTEER.

I ACKNOWLEDGE THAT MY SERVICES ARE PROVIDED STRICTLY ON A VOLUNTEER BASIS, WITHOUT ANY PAY OR COMPENSATION OF ANY KIND, AND WITHOUT LIABILITY OF ANY NATURE ON BEHALF OF THE HUMANE SOCIETY OF REDMOND, ALL SERVICES TO BE PERFORMED BY ME AT MY OWN RISK.

I RECOGNIZE THAT IN HANDLING ANIMALS THERE EXISTS A RISK OF INJURY INCLUDING PHYSICAL HARM CAUSED BY THE ANIMALS. ON BEHALF OF MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES AND EXECUTORS, I HEREBY RELEASE DISCHARGE, INDEMNIFY AND HOLD HARMLESS THE HUMANE SOCIETY OF REDMOND, ITS AGENTS, SERVANTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, CAUSES OF ACTION OR DEMANDS, OF ANY NATURE OR CAUSE, INJURIES WHICH MAY BE INCURRED OR SUSTAINED BY ME IN ANY WAY CONNECTED WITH MY SERVICES FOR THE HUMANE SOCIETY OF REDMOND, INCLUDING BUT NOT LIMITED TO, ANIMAL BITES, ACCIDENTS, INJURIES, PROPERTY DAMAGE OR VETERINARY FEES.

DATE _____ VOLUNTEER _____

I, _____, UNDERSTAND THAT PUBLIC RELATIONS IS AN IMPORTANT PART OF VOLUNTEERING AT THE HUMANE SOCIETY OF REDMOND. ON BEHALF OF MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES AND EXECUTORS, I ALLOW THE HUMANE SOCIETY OF REDMOND TO USE ANY PHOTOGRAPHS TAKEN OF ME FOR USE IN PUBLIC RELATIONS EFFORTS.

DATE _____ VOLUNTEER _____

I, _____, GIVE MY CONSENT FOR MY MINOR CHILD, _____, TO PARTICIPATE IN THE HUMANE SOCIETY OF REDMOND VOLUNTEER PROGRAM SUBJECT TO THE CONDITIONS LISTED ABOVE.

DATE _____ PARENT/GUARDIAN _____

WITNESS _____

EMERGENCY CONTACT _____

PHONE _____

