

**Volunteer Application**

The minimum age for volunteers is 18 years old

*(Special circumstances considered)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Place of employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies or physical conditions that might affect your volunteer work? **YES NO**

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any training or education in pet care or animal welfare? If yes, please describe. **YES NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to volunteer at HSAR?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Areas of Interest.**

| \_\_\_\_ Cat care  \_\_\_\_Foster Care  \_\_\_\_Transporting cats to vet visits. | \_\_\_\_Sorting Bottles & Cans for Redemption (Always Needed!)  \_\_\_\_ Picking Up Bottles & Cans with your car/truck (Always Needed!) | \_\_\_\_ Fundraising  \_\_\_\_ Writing Newsletter  \_\_\_\_\_ Grant writing |
| --- | --- | --- |

**Availability, please check all that apply. *Note: all shifts are 2 hours***

**Mornings**

| \_\_\_\_ Mon. | \_\_\_\_ Tues. | \_\_\_\_ Wed. | \_\_\_\_ Thurs. | \_\_\_\_ Fri. | \_\_\_\_ Sat. | \_\_\_\_ Sun. |
| --- | --- | --- | --- | --- | --- | --- |

**Evenings**

| \_\_\_\_ Mon. | \_\_\_\_ Tues. | \_\_\_\_ Wed. | \_\_\_\_ Thurs. | \_\_\_\_ Fri. | \_\_\_\_ Sat. | \_\_\_\_ Sun. |
| --- | --- | --- | --- | --- | --- | --- |

**Comments about availability**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please provide 2 personal or business references.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years acquainted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years acquainted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you acquainted with any former or current HSAR volunteer or employee? **YES NO**

If yes, who, and what is your relationship with them?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you volunteering through a school or agency volunteer program? **YES NO**

If yes, please complete this section.

Agency/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours required to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rules for Volunteering**

Please read the following statements. They constitute the conditions under which you would be volunteering at HSAR should you be accepted as a volunteer. Please check each box to indicate your understanding. Please understand that failing to follow any of these guidelines could result in your release from HSAR as a volunteer.

* I certify that all information provided on this application is true and complete to the best of my knowledge.  Any misrepresentation, or omission of facts may result in denial of a volunteer opportunity or dismissal from the volunteer program.
* I agree to abide by the mission, rules, regulations, policies, and programs of Hull Seaside Animal Rescue while I am a volunteer.
* If I have disagreements with shelter policies or other volunteers, I will report the issues to the Volunteer Coordinator, Shelter Office Manager or a Board Member and will not discuss with other volunteers. I agree to work as a team member with all HSAR volunteers.
* I give permission for Hull Seaside Animal Rescue to investigate all pertinent information and references concerning my volunteer application.  I hereby release said employers, companies, schools, or persons from all liability for any damage, both legal and otherwise for issuing information.
* If selected as a volunteer, I hereby release Hull Seaside Animal Rescue, its agents, employees, directors, and officers from all losses, damages, and claims of any kind including injury or sickness.
* If selected as a volunteer I agree to maintain the confidentiality of all proprietary or privileged information to which I am exposed to while serving as a volunteer, whether this information involves a single staff, volunteer, client, animal, or other person or involves overall HSAR business.  I also acknowledge that failure to maintain confidentiality would be cause for termination of volunteer status.
* I understand that if I do not show up regularly for my shift, I may be released as a volunteer.
* I will treat all animals, volunteers, and the public with dignity and respect.
* I will not misrepresent HSAR publicly or on social media.
* If I will be sheltering, providing foster care, or boarding for any of the HSAR animals in my home or business, I consent to HSAR representatives visiting my home or business from time to time to observe the animals and their living quarters.
* I understand that I can be released from HSAR volunteering for misrepresenting HSAR in any way and causing tension and conflict within the organization and/or with volunteers.

**Agreement to Terms of Volunteering.**

I certify that I agree to the terms of volunteering at HSAR, and I further certify that all the information that I have provided in this application is true to my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Minor**

I (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to visit or volunteer at the HSAR.

(Minor)

Relationship to the Minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Thank You**

**Hull Seaside Animal Rescue**

**Waiver of Liability for All Volunteers**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION/WAIVER**

I understand that my or my child’s participation in any of activities or volunteer opportunities at the Hull Seaside Animal Rescue Shelter is strictly on a volunteer basis. Therefore, no insurance against bodily harm is provided for my child or me. I agree to release Hull Seaside Animal Rescue (HSAR), a non-profit organization, its directors, officers, employees, or volunteers from any and all injuries or damages incurred during my participation or my child’s participation in any HSAR activity.

**Immunization/Tetanus Waiver**

Hull Seaside Animal Rescue (HSAR) works with many animals, including dogs, and domestic and feral cats. These animals have an unknown health history and HSAR feels it is important for all volunteers to have a Tetanus Vaccination prior to volunteering. To emphasize that importance we ask that you read and sign the following Waiver.

I understand that because I work with or visit shelter animals, it is important to discuss immunization and vaccinations with my physician.  I release HSAR 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.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Minor**

I (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to visit or volunteer at the HSAR.

(Minor)

Relationship to the Minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_