

VOLUNTEER APPLICATION

HULL SEASIDE ANIMAL RESCUE

Name: _____ Date of Application: _____
Preferred pronouns: _____
Street Address: _____ Unit/Apt: _____
City/Town: _____ State: _____ Zip Code: _____
Primary Phone: _____ Cell Phone Home Phone
Secondary Phone: _____ Cell Phone Home Phone
Email address: _____
Age: 16 to 17 years old* 18 years or older DOB (MM/DD/YY): _____

All applicants 16-17 years of age must include two written recommendations from non-relative adults and a parental consent & waiver form signed by a parent/legal guardian with their application. Please email info@hsar.org for more information and to obtain a copy of said form.

How did you hear about Hull Seaside Animal Rescue? _____

Why would you like to volunteer at HSAR, and/or what do you hope to gain from volunteer experience at our rescue? _____

Completed Education Level: High School/GED College Graduate

Cat/Animal Experience – select all that apply:

| | |
|---|--|
| <input type="checkbox"/> Veterinary medicine – specify: _____ | <input type="checkbox"/> Animal breeding |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Animal shows |
| <input type="checkbox"/> Pet sitting (in-home) | <input type="checkbox"/> Previous shelter work/volunteer |
| <input type="checkbox"/> Pet boarding/kennels (business/commercial) | <input type="checkbox"/> Other: _____ |

Other Experience, Skills, and Strengths – select all that apply:

| | | |
|---|---|--|
| <input type="checkbox"/> Nonprofit experience | <input type="checkbox"/> Handiwork/maintenance | <input type="checkbox"/> Social Media/Public Relations |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Fundraising/event planning | <input type="checkbox"/> Clerical/admin experience |
| <input type="checkbox"/> Public relations | <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Web design | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Other: _____ | | |

Please describe any additional specialized skills, resources, equipment you have available, first-hand experience, and/or additional training relevant to cat care that would be beneficial to our mission:

Please describe any current or past volunteer experience: _____

Place of employment: _____ Work Phone: _____

Job Title/Description: _____

How much time would you like to commit to volunteering: _____ hours per Week or Month

Please note, cat care shifts are scheduled both morning and evening for ~2 hours each shift.

A minimum of one shift per week must be committed to maintain a cat care volunteer position, although special considerations may be taken for unique circumstances prohibiting such commitment.)

Other volunteer positions' hours and minimums may vary.

Please list the hours you are available to volunteer for each day of the week:

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

Areas of interest for volunteering – please select all that apply:

Areas in bold are always in need of more volunteers!

- Cat care shifts**
- Fostering cats/kittens***
- Community outreach
- Grooming
- Redemption program - sorting**
- Redemption program - transportation**
- Event planning
- Other: _____
- Cat Transportation**
- Social media/marketing
- Adoption coordinating

**For those interested in fostering, an additional "Foster Application" form must be completed and submitted.*

Please provide 2 references that are not family members:

1. Name: _____ Relation: _____
 Phone Number: _____ Years known: _____
 Email address: _____

2. Name: _____ Relation: _____
 Phone Number: _____ Years known: _____
 Email address: _____

Are you acquainted with any former or current HSAR volunteer(s), employee(s), and/or member(s) of the Board? Yes – name(s) & relation(s): _____

No

I, _____ (print full name) confirm that the information provided on this application is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to adhere to the Hull Seaside Animal Rescue policies and carry out my duties as a rescue volunteer effectively. I give permission to Hull Seaside Animal Rescue to verify any of the information given and contact any references provided in my application.

Signature: _____

Date: _____

GENERAL VOLUNTEER GUIDELINES

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 initial on the lines provided to indicate your understanding and agreement to adhere to each condition. Please understand that failing to follow any of these guidelines could result in your immediate 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 immediate dismissal from the volunteer program.

_____ I agree to abide by the mission, rules, regulations, policies, and programs of the Hull Seaside Animal Rescue while I am a volunteer.

_____ I give permission to the 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 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 immediate termination of my volunteer status.

_____ I understand it is my responsibility to find coverage for the hours I have committed too, and in the event of an emergency where no coverage is available, I will contact the Volunteer Coordinator or Shelter Operations Manager immediately.

_____ I understand that if I am habitually late or unable to show up for my regular shift, or if I fail to come in for my shift without notifying the appropriate persons twice consecutively, I will be released as a volunteer.

_____ I agree to abide by the social media and disclosure policies set forth by Hull Seaside Animal Rescue, and understand that any misrepresentation or unauthorized portrayal of the Rescue will be cause for immediate release of my volunteer position.

_____ 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.

_____ If I will be transporting cats or bottles and cans for Hull Seaside Animal Rescue, I attest that I have a valid state license and consent to HSAR representatives inspecting vehicle from time to time to ensure the safe transport of animals under the care of HSAR.

_____ I understand that a volunteer position at Hull Seaside Animal Rescue is at-will and the Rescue reserves the right to terminate my position as a volunteer at their discretion at any time.

_____ I attest that I have never been arrested on suspicion or found guilty of animal cruelty charges, including but not limited to acts involving neglect or abuse. I acknowledge that any future such arrests or charges are cause for immediate termination from my volunteer position at HSAR.

I certify that I agree to the terms of volunteering at HSAR as outlined above and in the HSAR Operations and Volunteer Guidelines. I further certify that all of the information provided in this application is true to the best of my knowledge.

Signature: _____

Date: _____

WAIVER OF LIABILITY FOR ALL VOLUNTEERS

HULL SEASIDE ANIMAL RESCUE

Name: _____ Date of Birth: _____
Street Address: _____ Unit/Apt: _____
City/Town: _____ State: _____ Zip Code: _____
Primary Phone: _____ Cell Phone Home Phone
Secondary Phone: _____ Cell Phone Home Phone
Email address: _____

PERMISSION/WAIVER

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

Signature: _____ Date: _____

IMMUNIZATION WAIVER

Hull Seaside Animal Rescue (HSAR) works with many animals, with a primary focus on domestic and feral cats. These animals have an unknown health history and HSAR feels it is important for all volunteers to consult with their physician on recommended vaccinations prior to volunteering and encourages all volunteers to be vaccinated for a minimum of Tetanus. 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 with unknown histories and health statuses, it is important to discuss immunization/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: _____

VOLUNTEER EMERGENCY CONTACTS

Volunteer Name: _____

Please list the contact information for two people you would like to be contacted in the event of an emergency while you are on premise of Hull Seaside Animal Rescue. No more than one contact may be on the same HSAR volunteer shift(s) as you:

Name: _____

Primary Phone: _____

Secondary Phone: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Relation: _____

Name: _____

Primary Phone: _____

Secondary Phone: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Relation: _____

Please use the space below to disclose any information about your health or lifestyle that may be relevant for appropriate and prompt medical treatment in the event of an emergency (i.e., medical conditions, medications, etc.). *This information is only shared with medical professionals in the event of an emergency. Please only list what you are comfortable disclosing.*

Signature: _____

Date: _____