



Oregon Coast Humane Society

Volunteer Application

Name: _____ Date of Birth: _____ (if under 18 yrs)

Street Address: _____ City: _____

Mailing Address: (if different) _____ State: _____ ZIP: _____

E-Mail: (Print clearly) _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Please circle area(s) you are interested in volunteering:

Dogs Cats Clinics Admin Store Fundraising

What days are you available to volunteer? _____

How did you hear about us?: _____

Will you be doing community service? Yes No School credit **OR** Court Mandate

VOLUNTEER OPPORTUNITIES (check all that apply)

I am interested in the following volunteer opportunities:

- | | |
|--|---|
| <input type="checkbox"/> Walking or socializing dogs | <input type="checkbox"/> Cat care and upkeep |
| <input type="checkbox"/> Transport animals and participate in events | <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Trainer (must be certified) | <input type="checkbox"/> Adoption assistant |
| <input type="checkbox"/> Lobby receptionist | <input type="checkbox"/> Fundraising and special events |
| <input type="checkbox"/> Helping at adoption sites | <input type="checkbox"/> Marketing / Publicity |
| <input type="checkbox"/> Community outreach / advocacy / speaker | <input type="checkbox"/> Grant writer |
| <input type="checkbox"/> Thrift Shop | <input type="checkbox"/> Clinic |
| <input type="checkbox"/> Recycling | |

How much of a commitment short or long term do you feel or want to make to OCHS? _____

Schedule Preference: (please circle all that applies) Morning Afternoon

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please read and initial each of the below statements to indicate your agreement:

I understand that Oregon Coast Humane Society (OCHS) expects high standards of moral, ethical, and humane treatment of the animals under its care. I agree to treat all animals, people, and property at OCHS with respect.

Initials: _____

I have been given the Volunteer Handbook and agree to familiarize myself with it and comply with all policies and procedures (current & future) and abide by instructions from OCHS staff.

Initials: _____

I understand that public relations is an important part of volunteering and give permission for OCHS to use any photographs taken of me for use in public relations efforts.

Initials: _____

I understand that I may gain access to property owned by OCHS, including intellectual property and confidential information. I agree to refrain from misuse or conversion of such property, and further agree to refrain from disclosing any confidential or private information.

Initials: _____

I acknowledge that OCHS retains the right to terminate my volunteer involvement at any time and for any reason.

Initials: _____

I acknowledge that I may be working with and around animals and that animal behavior is not entirely predictable, and accidents and injuries, including bites and scratches, may occur.

Initials: _____

I acknowledge that the areas in which I may be working will be wet, slippery, or icy and that there is a danger of slipping, falling, or otherwise injuring myself.

Initials: _____

I, on behalf of myself, my personal representative, assigns, heirs, and next of kin, do hereby release, hold harmless and indemnify Oregon Coast Humane Society, its employees, directors, officers, members, and volunteers, from any and all liability, demands, claims, and causes of action arising out of, or related to, any loss, property damage, or personal injury that may be sustained by me or any property belonging to me which may occur while acting as a volunteer.

Initials: _____

Volunteer Signature

Date

Questions or Comments:

Do you have any experience that you feel would benefit the shelter?
