

Volunteer Application



Date _____

Thank you for your interest in the HSSEMO volunteer program.

Age Requirements: **Volunteers must be 16 years of age or older or they must be accompanied by a trained parent or guardian the entire time they are volunteering for the Humane Society. The parent/guardian must also complete and sign a volunteer application and release form. Please be sure to fill out the last page of this document.**

Please complete the entire application and understand that incomplete applications will be null. Please answer the questions truthfully and to the best of your ability.

Name _____

Address _____

City _____ State _____ Zip Code _____

DOB (mm/dd/yyyy) _____

Home Phone # _____ Cell Phone # _____

Email address (please print) _____

Emergency Contact Name _____ Phone _____

What is the relationship of the emergency contact to you? _____

Are these volunteer hours required for a criminal or civil offense? _____

Your volunteer interests (Please rank in order of preference):

Socializing animals (please indicate if you prefer dogs, cats, or both) _____

Bathing dogs _____ Mobile adoptions _____ Special Events _____

Other, specialized volunteer opportunities are available. Please inquire further if you have photography or writing skills.

What is your plan for volunteering?(please check):

Multiple times a week ___ Every week ___ Once a month ___

Whenever you have free time ___ I'm only here for service hours ___

Will you be coming on a regular/scheduled basis?

Yes ____ No, just when I find free time ____

Please enter your general availability here (please mark with an x):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
All Day							

Service hour applicants (if answered yes to I'm only here for service hours):

Are you here for a class/ organization? _____

If so, when are these hours due? _____

How many hours need to be completed? _____

What class / organization are these hours for? _____

What is your teacher's/ organization contacts email? _____

What is their phone number? _____

Additional Questions:

Are you part of a Greek Organization? Y or N Which one? _____

Please read the following carefully.

The Humane Society of Southeast Missouri is an open-admission facility and never turns any dog or cat away. We receive more animals than we have the resources to care for. Therefore, the HSSEMO is forced to euthanize animals as a last resort. At no time will you, as a volunteer, be involved in the euthanasia process.

Please initial _____

I understand it is recommended that I have an up-to-date TETANUS vaccine, in the chance that I am scratched or bitten. This is not a requirement to volunteer, but is strongly advised. TETANUS vaccines need to be updated every 10 years. A TETANUS vaccination may be obtained by my physician, at my own expense.

Please initial _____

***The Humane Society of Southeast Missouri will look over your application and be in contact with you about volunteer opportunities and orientation dates based on your application.**

Volunteer Agreement

I, _____, hereby accept a VOLUNTEER position for the Humane Society of Southeast Missouri (hereinafter referred to as HSSEMO). As a VOLUNTEER, I am freely rendering services to HSSEMO out of generous and charitable motives.

TERMS AND CONDITIONS:

1. I understand that volunteer activities for HSSEMO include work that may be hazardous to me, including, but not limited to: handling frightened or aggressive animals, cleaning feces, urine, and vomit, moving cages and crates, and various activities handling, caring for, and transporting animals.
2. In undertaking said activities, I understand that I am dealing with animals, and animals have the capacity to act unpredictably and aggressively, irrespective of their perceived temperance or demeanor.
3. I understand that there are risks associated with my participation in volunteer activities with HSSEMO, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death, or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or the conditions of HSSEMO premises or facilities. Nonetheless, I assume all risks of my participation as a volunteer, whether known, unknown, foreseeable, or unforeseeable to me or HSSEMO, including travel to and from HSSEMO premises.
4. I understand that I am providing services to HSSEMO as a volunteer. I am not an employee or a third-party contractor. I neither expect, nor am I entitled to, payment or compensation of any kind, including, but not limited to: salary, hourly wages, employment insurance programs, workers' compensation coverage, vacations, or sick time.
5. If I need medical treatment as a result of participating in, during my participation in, or as a result of any events incidental to HSSEMO activities, for any reason, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that HSSEMO does not provide health insurance, and I should carry my own health insurance.
6. I have familiarized myself with HSSEMO's policies and procedures. I understand and will fully comply with both the letter and spirit of these policies and procedures.
7. I will obey all directives of HSSEMO's officers, directors, and employees.
8. I fully understand that HSSEMO expects high standards of moral and ethical treatment of animals under its care. I agree to adhere to these standards while volunteering at HSSEMO.
9. I hereby grant HSSEMO an exclusive, irrevocable license to use my image or likeness through any photographs, videos, or other media taken of me in HSSEMO's public relations effort. I require no advance notice of HSSEMO using said media.
10. I understand that my volunteering is at-will. I recognize that HSSEMO may terminate me as a volunteer at any time, for any or no reason, as it sees fit, at its sole discretion.

RELEASE OF LIABILITY:

In consideration of the privilege of volunteering at, or for HSSEMO, which consideration I deem sufficient, on behalf of myself, my heirs, personal representatives, executors, and statutory beneficiaries:

1. I hereby release, discharge, indemnify, and hold harmless HSSEMO, its officers, directors, agents, servants, and employees (Releases) from any and all claims, causes of action, or demands, of any kind whatsoever, including, but not limited to: personal injury, pain and suffering, loss of future income, medical expenses, or wrongful death in any way connected, arising out of, or related to my voluntary services at HSSEMO, including injury or damages which may allegedly be due in whole or in part from the fault, negligence, recklessness, or carelessness of myself, other volunteers, or anyone in connection with services rendered to, or on the behalf of, HSSEMO.
2. I agree that any claim or cause of action against Releases shall be arbitrated by a competent arbitrator in the Southeast Missouri region, said arbitrator to be chosen by HSSEMO and at its sole discretion. Should I appeal said arbitration, I agree that proper jurisdiction and venue for that, or any other proceeding relating to my volunteer services, is the Circuit Court of Cape Girardeau County. I further waive my right to trial by jury on any claim arising out of or in any way related to my volunteer services at HSSEMO.
3. I understand and agree that this Agreement/Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri. This release shall be governed by and interpreted in accordance with the laws of the State of Missouri.
4. I understand that if a Court holds any clause or any portion thereof of this Agreement/Release invalid, the invalidity of such clause or provision shall not otherwise affect the remaining clauses of the Release, which shall continue to be enforceable.
5. In the event I choose to ignore the above provisions, and sue or otherwise claim damages against HSSEMO in any capacity and for any reason, I agree to pay HSSEMO's attorneys fees should my claim be dismissed pursuant to the terms herein.

READ BEFORE SIGNING:

I HAVE READ THIS DOCUMENT, AND I AM SIGNING IT FREELY. I UNDERSTAND THE LEGAL CONSEQUENCES OF SIGNING THIS DOCUMENT, INCLUDING RELEASING HSSEMO FROM ALL LIABILITY, WAIVING MY RIGHT TO SUE HSSEMO, AND ASSUMING ALL RISKS OF PARTICIPATING IN VOLUNTEER ACTIVITIES, INCLUDING TRAVEL TO AND FROM HSSEMO ACTIVITIES, OR ANY EVENTS INCIDENTAL TO HSSEMO ACTIVITIES.

Volunteer Signature:

Print Name:

Address:

Phone Number:

Date:

PARENT OR LEGAL GUARDIAN OF VOLUNTEERS 18 YEARS AND YOUNGER:

I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-REFERENCED VOLUNTEER. I HAVE READ THIS DOCUMENT, AND I AM SIGNING IT FREELY. I UNDERSTAND THE LEGAL CONSEQUENCES OF SIGNING THIS DOCUMENT, INCLUDING RELEASEING HSSEMO FROM ALL LIABILITY ON MY AND MY CHILD/WARD'S BEHALF, WAIVING MY AND MY CHILD/WARD'S RIGHT TO SUE HSSEMO, ASSUMING ALL RISKS OF MY CHILD/WARD'S PARTICIPATION IN VOLUNTEER ACTIVITIES, INCLUDING TRAVL TO AND FROM HSSEMO ACTIVITIES, OR ANY EVENTS INCIDENTAL TO HSSEMO ACTIVITIES. I HEREBY ALLOW MY CHILD/WARD TO PARTICIPATE IN VOLUNTEERING FOR HSEEMO. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE OBLIGATIONS AND ACTS OF MY CHILD/WARD AS DESCRIBED IN THIS DOCUMENT. I AGREE TO BE BOUND BY THE TERMS OF THIS DOCUMENT, BOTH IN MY REPRESENTATIVE CAPACITY FOR MY CHILD/WARD, AND IN MY OWN PERSONAL CAPACITY.

Parent/Guardian Signature:

Print Name:

Address:

Phone Number:

Date:

I further certify that the above named child has medical insurance coverage, and that said coverage will remain valid throughout the duration of the child's service as a volunteer.

Our Insurance Carrier is:

Policy/ID Number: