

Humane Society of Southeast Missouri Volunteer Application



Thank you for your interest in helping the adoptable pets at the Humane Society of Southeast Missouri!

Age requirements:

Volunteers must be 16 years old or older to volunteer without an adult present.

We welcome younger volunteers, but you must be in fourth grade or older to volunteer. If you are not 16, you must be accompanied by a trained parent or guardian at all times you are volunteering. The parent or guardian must also complete and sign a Volunteer Application and Release Form.

Please complete the entire Volunteer Application.

NAME: _____

STREET ADDRESS: _____ STATE: _____ ZIP: _____

DATE OF BIRTH (MM/DD/YYYY): _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS (PLEASE PRINT): _____

EMERGENCY CONTACT NAME AND RELATIONSHIP: _____

EMERGENCY CONTACT'S PHONE: _____

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I AM COMFORTABLE HELPING WITH (PLEASE CHECK ALL THAT APPLY):

DOGS _____ CATS _____ OTHER PETS/WHAT KIND? _____

MOBILE ADOPTIONS _____ OTHER COMMUNITY EVENTS _____

PHOTOGRAPHY/VIDEOGRAPHY _____ WRITING THANK YOU NOTES _____

HELP WITH SUMMER CAMPS _____ ASSIST WITH SOCIAL MEDIA _____

WHEN DO YOU PLAN TO VOLUNTEER (please check by correct choice)?

Multiple times a week _____ Every Week _____ Once Monthly _____

Whenever you have free time _____ Only to complete service hours _____

ARE YOU HERE FOR A CLASS OR ORGANIZATION? YES _____ NO _____

WHAT CLASS OR ORGANIZATION? _____

ALTHOUGH WE ARE CURRENTLY A NO-KILL FACILITY, WE OCCASIONALLY HAVE TO EUTHANIZE PETS THAT ARE VERY ILL OR HAVE SERIOUS BEHAVIORAL CHALLENGES. WE ONLY DO THIS AS A LAST RESORT. AT NO TIME WILL YOU, AS A VOLUNTEER, BE INVOLVED IN EUTHANIZING. Please initial: _____

I UNDERSTAND THAT IT IS RECOMMENDED THAT I HAVE A CURRENT TETANUS SHOT IN THE CHANCE I AM SCRATCHED OR BITTEN. THIS IS NOT A REQUIREMENT TO VOLUNTEER, BUT IS STRONGLY ADVISED. TETANUS VACCINES NEED UPDATED EVERY 10 YEARS. A TETANUS VACCINATION MAY BE OBTAINED BY MY PERSONAL PHYSICIAN, AT MY OWN EXPENSE: Please initial: _____

WHAT'S NEXT?

1. Please review and complete the below Volunteer Agreement, Release of Liability, and information needed from Parent or Legal Guardian if you are under 18 years old.
2. The Humane Society of Southeast Missouri will contact you about setting up your initial Volunteer Tour and Information Meeting. These are held approximately once per month. YOU MUST GO THROUGH TOUR AND INFORMATION MEETING AND SPECIFIC TRAINING FOR DOG WALKING, CAT CARE, ETC., BEFORE BEING ELIGIBLE TO VOLUNTEER.
3. After the initial Volunteer Tour and Information Meeting, Community Outreach and Development Coordinator, Cindy L. Lange, or another Humane Society of Southeast Missouri representative will also complete an initial conversation with you about your interests and current knowledge and abilities with pets
4. After the Tour and Information Meeting and conversation with Cindy, we will schedule you for the training you need to complete volunteer tasks like dog walking, cat care, etc.
5. After your task training, call to get on volunteer schedule! 😊

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VOLUNTEER AGREEMENT

I, _____, accept a Volunteer position for the Humane Society of Southeast Missouri (here after 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 pets, cleaning feces, urine, and vomit, moving kennels and crates, and various activities handling, and caring for, and transporting pets.
2. In undertaking said activities, I understand that I am dealing with pets, and that they have the capacity to act unpredictably and aggressively, irrespective of their perceived temperament 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 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 to volunteers, and I should carry my own health insurance.
6. I have familiarized myself with appropriate HSSEMO's policies and procedures. I understand and will fully comply with both the letter and the 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 pets 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 the HSSEMO may terminate me as a volunteer at any time, for any reason, as it sees fit, at its sole discretion.

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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 my fault, negligence, recklessness, or carelessness or myself, other volunteers, or anyone in connection with services rendered to, or on 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 or 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 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 the 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: _____

STREET ADDRESS: _____

CITY _____ ZIP CODE: _____

PHONE NUMBER: _____ DATE SIGNED (MM/DD/YYYY) _____

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PARENT OR LEGAL GUARDIAN OF VOLUNTEERS 18 YEARS AND YOUNGER OR OF OTHERS WHO HAVE A GUARDIAN:

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 releasing 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 participating in volunteer activities, including travel to and from HSSEMO activities, or any events incidental to HSSEMO activities. I hereby allow my child/ward to participate in volunteering for HSSEMO. 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: _____

Parent/Guardian 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: _____

Insurance policy number is: _____