

HHS YOUTH VOLUNTEER APPLICATION

MISSION STATEMENT: Heritage Humane Society serves as a compassionate haven for stray or unwanted companion animals while educating the public about humane care and treatment, advocating animal welfare, and promoting adoption in order to measurably reduce overpopulation and pet homelessness.

The Heritage Humane Society (HHS) encourages the participation of individuals who wish to support our mission statement and core values. Orientation is required for participation in our Volunteer Program and will be provided by HHS throughout the year. We kindly ask you to commit to a minimum of 6 hours per month for a 6 month period of time. Additional training may required for some volunteer positions.

Participants must be at least 16 years old to volunteer alone. Ages 12-15 must be accompanied by a parent(s)/legal guardian(s) & may not walk dogs. Volunteers under 18 must have a parent(s)/legal guardian(s) sign our Liability Waiver on their behalf, as it is a legally binding document.

Last Name: _____ First Name: _____

Nickname: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____ Cell: _____

Emergency Contact & Relationship: _____ Phone: _____

School Attending: _____ Year: _____

Why are you interested in becoming a volunteer with HHS? _____

Describe any previous experience working with animals: _____

List present and previous volunteer jobs: _____

List additional information that may be useful (hobbies, interests, special skills, training, etc.): _____

Time Availability: Please indicate which days/times you would most prefer to volunteer

Monday _____ Tuesday _____ Wednesday _____

Friday _____ Saturday _____ Sunday _____

Areas of Volunteer Interest: *Please check all areas in which you are interested in.*

Mobile Adoption Outreach Program (mostly weekends)-Assist in the adoption of animals at PetSmart, PETCO and additional offsite locations.

Special Events (Mostly evenings & weekends)-Help with various special events as the need arises (Please check HHS website and our volunteer board for information.).

Cat Socialization (Daily 11-4:30)-Petting, brushing cuddling and playing with our cats/kittens to improve their temperament and quality of life while in the shelter. If you would like to help with cleaning please come anytime between 8:00-11:00am.

HHS Mascot Costume-Dress in either our dog or cat costume at special events to entice folks to stop by and see us!

Super Duper Clean up Crew (8am-11:00am every day.)-Help clean kennels, cat cages, bowls, laundry, mopping, sweeping, etc.

VOLUNTEER CONTRACT:

I, _____ have read and understand the volunteer rules and guidelines. I agree to abide by all safety rules any time I am volunteering with HHS. I understand that if I do not abide by all of these rules, my service as a volunteer can be terminated or suspended. I also understand that these rules and guidelines are set forth to protect the animals, the staff, other volunteers and myself. I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of the Heritage Humane Society.

I agree to abide by all Heritage Humane Society's policies and procedures.

Print Name: _____ Signature: _____ Date: _____

Please bring this document along with a signed liability release from when you attend orientation.

Orientation date attended _____

Heritage Humane Society Volunteer's Release From Liability Form

In consideration of the opportunity to participate in the operation of the Heritage Humane Society (HHS), and in further consideration of the permission to enter for that purpose upon the premises of the Heritage Humane Society located at 430 Waller Mill Road, Williamsburg, VA 23185, the receipt of such opportunity being hereby acknowledged, the undersigned hereby releases HHS and its agents, officers, servants and employees, the city of Williamsburg and the county of York of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury to the person, or any property of the undersigned, while in, on, or upon the premises, or any premises leased to, owned by, sanctioned by, or while under the control of supervision of HHS, or while in route to or from the premises or any other premises leased to or under the control of supervision of HHS.

The undersigned being duly aware of the risks and hazards inherent upon entering upon said premises and/or in participating in any and all aspects of the operations of the HHS at said premises, knowing the current conditions, operations and risks and knowing that these conditions, operations and risks may become more hazardous and dangerous during the time that the undersigned is upon the said premises, the undersigned hereby voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained by the undersigned, or any property of the undersigned while in, on, or upon said premises.

The undersigned further releases the HHS from any liability arising from any acts or omissions of its agents, officers, servants, employees and authorized volunteers, wherever such acts or omissions occur.

The release shall be binding upon the distributees, heirs, next of kin, executors, administrators and personal representatives of the undersigned.

In signing the foregoing release, the undersigned hereby acknowledges and represents

- (a) that she or he has read the release, understands it, and signs it voluntarily;
- (b) that she or he is over 18 years of age and of sound mind;
- (c) that she or he is the legal parent or guardian of the following children who are between the age(s) of 10 and 17 and are covered by all provisions of this release (no one under 16 may walk a dog);
Enter name and date of birth of each child:

- (d) that she or he is not an agent, servant, or employee of the Heritage Humane Society

In witness whereof, the undersigned has here unto set her or his hand and certifies that she or he has not been convicted of animal cruelty or neglect.

Printed Name: _____ **Date:** _____

Parent or Guardian's Signature: _____

HHS Representative: _____