

**Application for Potential Volunteers**

Please fill out this application to apply for a volunteer position for our shelter.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work or Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Contact Person & Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies and important medical information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 16 years of age? YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_

Are you able to lift 20 pounds? YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_

Are you able to lift 40 pounds? YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_

1. Has the Hastings Animal Control, Hastings Police Department or Law enforcement Agency ever investigated you for any reason? If yes, what were the reason and the outcome of that investigation? YES\_\_\_\_\_ NO\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Is this application to fulfill obligation of hours for community service? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

If yes, how many hours are to be completed and by what date?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What areas are you interested in volunteering? (Check all that apply)

\_\_\_\_\_\_\_ Cleaning of cat cages, feeding and socializing

\_\_\_\_\_\_\_ Cleaning of dog kennels, feeding and socializing

\_\_\_\_\_\_\_ Socializing cats

\_\_\_\_\_\_\_ Socializing dogs

\_\_\_\_\_\_\_ Light cleaning, folding laundry

\_\_\_\_\_\_\_ Special projects What are your interest?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What times are you available to volunteer for us? (Check all that Apply)

\_\_\_\_\_Weekday mornings \_\_\_\_\_Weekday Afternoons \_\_\_\_\_Weekends (Mornings Only)

Approximately how many hours a week would you be willing to volunteer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Have you volunteered or worked for an animal shelter before? YES\_\_\_\_\_ NO\_\_\_\_\_\_\_

If YES, give name of shelter, location and brief description of duties. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Are you involved with any other animal related activities or organizations? YES\_\_\_\_ NO\_\_\_

If so please list.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in becoming a volunteer at the Heartland Pet Connection? \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Describe any previous experience or skill working with animals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. List two references. (preferably one employment related and one volunteer related) **Please do not list friends or relativies.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to the Heartland Pet Connection to verify any of the above information. I understand that this application does not guarantee acceptance to the Heartland Pet Connection Volunteer Program. Heartland Pet Connection will perform checks (records and references) on the suitability of new volunteers due to the nature and sensitivity of the work. This standard is equally applicable to volunteers in that voluntary staff is treated with the same seriousness and consideration given professionals. If accepted, I agree to adhere to the rules and regulation of the Heartland Pet Connection confidentiality of information. All volunteers are treated as employees, which means they must be “hired” and they can be “dismissed”.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release Statement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give Heartland Pet Connection permission to publish any pictures that include me in them for promotional use only.

Volunteer \_\_\_\_\_ Adopter \_\_\_\_\_ / Name of Animal Other \_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

(If you are under 18, have a guardian, or caretaker, please have them sign as well.)

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Heartland Pet Connection Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Heartland Pet Connection**

**Volunteer Agreement and Release of Liability**

I, the undersigned, have applied to be a volunteer for the Hastings Animal Shelter Association, dba Heartland Pet Connection, and that upon acceptance into the volunteer program, I hereby acknowledge and agree to the following:

1. That I will follow procedures, policies and training presented to me for participation in the volunteer program, and will take any comments, complaints or other suggestions regarding the program directly to the Volunteer Coordinator.
2. That I authorize the Heartland Pet Connection to seek emergency medical treatment for me in the case of accident, injury or illness. Furthermore, I understand that it is important to have a tetanus vaccination before joining the volunteer program, and thus I understand that it is important to discuss being vaccinated against tetanus with my physician. I therefore release Heartland Pet connection and the City of Hastings from all injuries, claims or other loss that I may incur because of my not pursuing this matter further and receiving a tetanus vaccination.
3. That neither this agreement nor my participation in the Volunteer Program shall be interpreted or give rise to an employee/employer relationship between myself and the Heartland Pet Connection or the City of Hastings, Nebraska. I understand I am not an employee while participating in this Volunteer Program, and will receive no compensation or other employee benfits.
4. That I understand that the behavior of domestic animals is at times unpredictable and that some domestic animals are capable of inflicting property damage, serious personal injury and even death. I am well aware of the risk of handling domestic animals and with such understanding, I hereby waive, release and forever discharge the Heartland Pet Connection and the City of Hastings, Nebraska, its employees, agents or trainers, from any and all claims(whether present or future) arising out of my participation in the volunteer program.
5. That I have read and understand this entire agreement, specifically the release of liability in paragraph 4 and acknowledge that participating in the Volunteer Program shall be at my sole risk. I further agree that if any portion of this agreement is held invalid, the remainder thereof will continue in full legal force and effect.

Volunteer Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heartland Pet Connection by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed and signed form to the Heartland Pet Connection, 1807 West J street or

PO BOX 2162 Hastings NE 68902

Revised 2/27/15