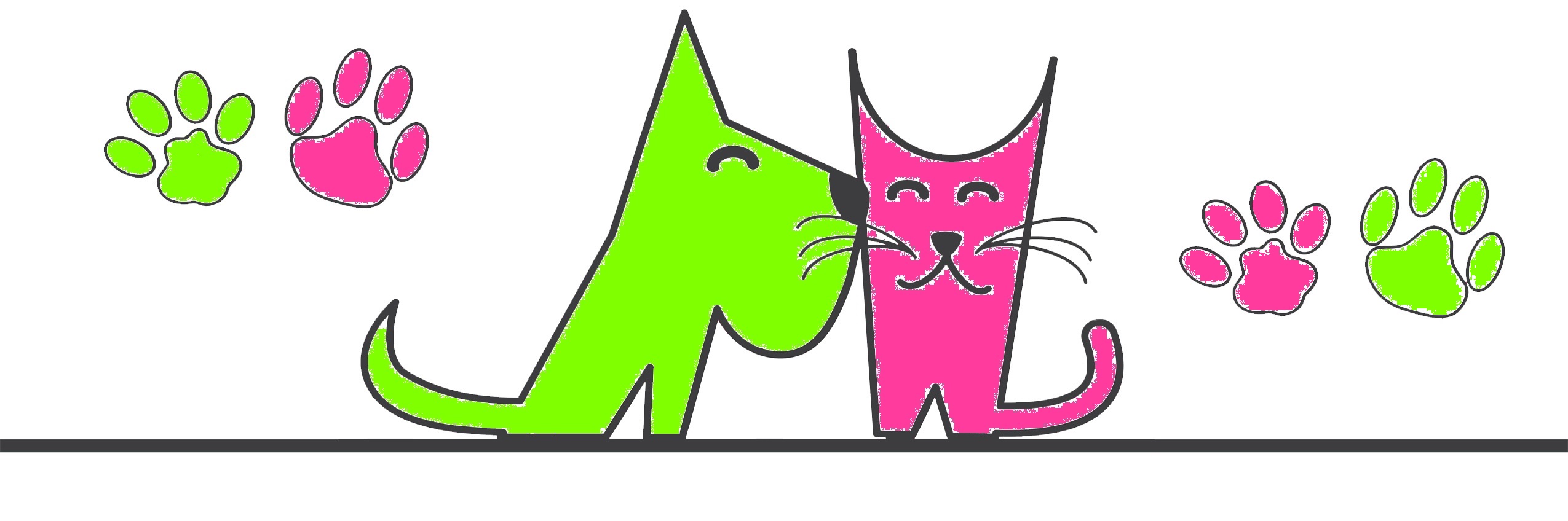
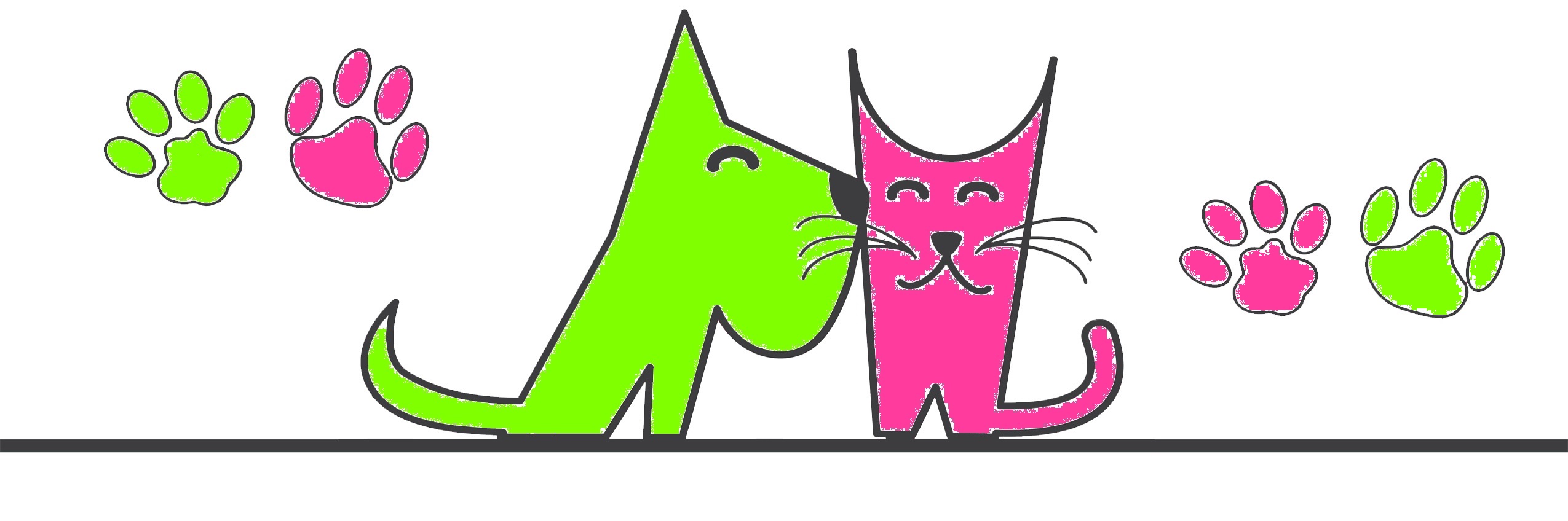
## 





**Huron County Humane Society**

246 Woodlawn Avenue

Norwalk, Ohio 44857

(419) 663-7158

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VOLUNTEER APPLICATION | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | |  | | | | | | |  | | Date: | | |  | | |
| Last | | | | | | First | | | | | | | M.I. | | | | | | | |
| Address: | | |  | | | | | | | | | |  | | | | | | | |
| Street Address | | | | | | | | | | | | | Apartment/Unit # | | | | | | | |
|  | | |  | | | | | | | | | |  | | | |  | | | |
| City | |  | | | | | State: | | | | | | Zip Code | | | | D.O.B | | | |
| Phone: | (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | E-mail Address: | |  | | | | | | | | | |
| **Date Last Tetanus Vaccination:** | | | |  | **Applicant Age:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Starting Date:** | | | | |  | | | | |
|  | | | |  |  | | | |  | |  | | | | |  | | | | |
| Volunteer Opportunities | | | | | | | | | | | | | | | | | | | | |
| **I would like to help as:** | | | | | | | | *(Check all that you would be willing to assist with below)* | | | | | | | | | | | | |
| Shelter Volunteer: | | | | | |  | | | | Committee Member / Special Event Staff: | | | | | | | | | | |
| Facility Cleaning | | | |  | |  | | | | | | General Events | | | | | | |  |  |
| Animal Care | | | |  | |  | | | | | | Parades | | | | | | |  |  |
|  | | | |  | |  | | | | | |  | |
|  | | | |  | |  | | | | | |  | | | | | | |  |  |
|  | | | |  | | I would like more information about: | | | | |  | | | | | | | | | |
|  | | | |  | |  | | | | |  | | | | | | | | | |
| The skills I can offer are: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| References (Not Related) | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | Relationship: |  | | | | | | | | | |
| Phone: (H) | | | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Phone: (W) | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | | |  | | | | | | |  |  | | | | | | | | | |
| Full Name: | | |  | | | | | | | Relationship: |  | | | | | | | | | |
| Phone: (H) | | | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Phone: (W) | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | Relationship: |  | | | | | | | | | |
| Phone: (H) | | | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Phone: (W) | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I want to do this because: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Shelter Volunteer Schedule | | | | | | |
| I am available for the following shifts: | | *(Please mark shifts you are available below.)* | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | 8-10 am | 1-3 pm | 3-4:30pm | | Monday |  |  |  | | Tuesday |  |  |  | | Wednesday |  |  |  | | Thursday |  |  |  | | Friday |  |  |  | | Saturday |  |  |  | | Sunday |  |  |  | | | | | | | |
|  | | I have my own transportation. | | | | |
| Emergency Contact Information | | | | | | |
| Full Name: |  | | Relationship: |  | | |
| Best Phone Number: | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Secondary Phone Number: | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Address: |  | | | | | |
|  |  | | | | | |
| Full Name: |  | | Relationship: |  | | |
| Best Phone Number: | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Secondary Phone Number: | (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Address: |  | | | | | |
|  |  | | | | | |
| Known Medical Conditions: |  | | | | | |
|  |  | | | | | |
| Allergies: |  | | | | | |
| Disclaimer and Signature | | | | | | |
| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby release the Huron County Humane Society, Inc. from any liability, such as an accident or injury, in connection with my duties as a volunteer worker. I will also positively promote the Huron County Humane Society at all times while volunteering. I understand that once contacted to volunteer for the Huron County Humane Society, that I will be given a volunteer handbook that I will be required to read and adhere to at all times while volunteering for the Huron County Humane Society. The Huron County Humane Society does not consider volunteers with sexual or theft convictions. I hereby make demand for the following public records pursuant to Section 149.43 of the Ohio Revised Code, and hereby agree to indemnify and hold harmless the Huron County Humane Society and any of its employees from any causes of action arising from the release or use by me of said information.** | | | | | | |
| Signature: |  | | | | Date: |  |
| Date of Birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |
| Social Security Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |
| Parent/Guardian Signature: |  | | | | Date: |  |
| *(If under 18 years of age)* |  | | | |  |  |
|  |  | | | |  |  |
| **HCHS Authorized Witness:** |  | | | | Witness: |  |

**HURON COUNTY HUMANE SOCIETY, INC.**

**VOLUNTEER PROCEDURES**

Welcome and thank you for your interest in volunteering at the Huron County Humane Society. Committed volunteers like you are the key to this shelter’s success!

**Each day, scheduled volunteers shall abide by and execute the following guidelines:**

1. Volunteer Opportunities Include:
2. Dog Care
3. Dog Training
4. Cat Care
5. Cleaning Facility
6. Conway Dog Park Care
7. Customer Care
8. Administrative Assistance
9. Special Events
10. and more!
11. Complete In-House Training by Assistant Shelter Manager
12. Dress Code:
13. Shirts with sleeves preferred, closed toed shoes
14. Pants (Preferably older clothes)
15. NO flip flops, shorts, capris, or tank tops
16. Age Requirements:
17. 10 years and up
18. If you are under 10 years you must have an adult present with you the entire time.
19. If you are under 13 you will be scheduled during afternoons only.
20. If you are under 18 you must have a parent’s signature on the application
21. Age and Time Requirements:
22. 10-12 years: 1 hour/ once a week, must have adult assistance at all times
23. 13-15 years: 2 hours/ once a week
24. 16-adult: No time limit per hour or week

Volunteer Signature

Volunteer Printed Name Date

Approved by:

Huron County Humane Society, Inc.

Volunteer Procedures

1. Volunteer Rules
2. No one is to open any kennel doors without HCHS staff permission.
3. Volunteers are NOT permitted in the medical room, isolation room, garage, barn, or in staff offices unless accompanied by HCHS staff.
4. Volunteers are NOT permitted to use their cell phones while working in the shelter.
5. Volunteers will work their scheduled time(s)
6. Volunteer Jobs
7. Scooping cat litter boxes/ dog play yards and kennels, as needed.
8. Washing and folding laundry.
9. Brushing the animals or assisting staff with bathing, if needed.
10. Clean windows, walls, doors, floors, as needed.
11. Walk dogs to play yard and exercise/work them as needed.
12. We may have odd and end jobs for volunteers to do but we hope that they have fun helping the animals.
13. Volunteer Requirements
14. Most volunteer opportunities are available during HCHS open hours, Tuesday 1:00PM – 6:00PM, Wednesday through Saturday 1:00PM – 5:00PM, Closed Sunday and Monday.
15. Be able to commit to one year of volunteering. In-shelter opportunities require a minimum of one regularly scheduled, recurring shift every other week. Shifts are 1-4 hours depending on assignment.
16. Understand and accept the HCHS philosophies regarding open admissions and humane euthanasia.
17. Communicate professionally, as human interaction is a requirement of all volunteer roles.
18. Understand and fulfill all responsibilities of their role independently.
19. Read and comprehend detailed policy and protocol information, as well as, being able to remember and follow shelter rules.
20. Be able to physically fulfill the duties of their volunteer role. Most volunteer roles require volunteers to: be able to stand, and/ or walk for up to three (3) hours; be able to lift and carry up to 25lbs; be able to reach and lift; possess vision abilities including close vision, distance vision and depth perception; be able to talk to customers, employees and other volunteers.
21. Be able to hear, see and interpreter animal behavior and body language.
22. With a positive attitude, emotionally manage a workplace that can be very active and stressful.

Volunteer Signature

Volunteer Printed Name Date

Approved by:

**(KEEP THIS COPY FOR YOUR RECORDS)**

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