



SERVICE HOURS/CLASS CREDIT – USE DIFFERENT FORM

Volunteer Application

OFFICE USE: Orientation Completed on _____

FULL Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Birthdate: ____/____/____ Age _____

Phone: _____ Email (REQUIRED): _____

Please check off the volunteer opportunities you may be interested in.

<input checked="" type="checkbox"/> Volunteering With Animals	
<input type="checkbox"/> Kennel Technician	Assist staff in cleaning animal enclosures
<input type="checkbox"/> Foster	Temporarily house DRHS animals in need of TLC
<input type="checkbox"/> Bathing & Grooming	Giving dogs a bath, or brush cats and/or dogs
<input type="checkbox"/> Certified Pet Handler	Requires additional training after 10 hrs. of service
<input type="checkbox"/> Animal Socialization	Exercise and interact with adoptable animals
Community Events	
<input type="checkbox"/> Special Events	Prepare or volunteer at DRHS special events
Humane Education/Kids Programming	
<input type="checkbox"/> Humane Heroes	Assist with crafts and activities
<input type="checkbox"/> Kids & Critters Summer Camp	Monitor a group of campers & assist camp leaders
<input type="checkbox"/> Teaching opportunities	Lead groups of students in our education programs
Support Tasks	
<input type="checkbox"/> Dirty Paws Laundry Service	"Ease the Load" - Assist staff with shelter laundry
<input type="checkbox"/> Office/Administrative Support	Assist staff with small projects, mailings, etc.
<input type="checkbox"/> Green Team	Weed, water, and trim plants on Kinsey's Campus

Emergency Contact Person: _____

Emergency Phone: _____

Release of Liability Waiver

I hereby authorize the Dubuque Regional Humane Society (DRHS) to seek Emergency Medical Treatment in case of accident, injury or illness. I acknowledge my understanding that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury and I assume that risk. I agree to hold harmless the DRHS and any employees and/or members of the Board of Directors of said agency from any liability whatsoever arising from my participation in the DRHS Volunteer Program. In consideration of being allowed to participate in the DRHS Volunteer Program, I hereby release the DRHS, its employees, officers and directors from any liability for injuries I might receive in my volunteer activities on behalf of the DRHS. I certify that the above information given is accurate and true. I understand that I must attend a Volunteer Orientation meeting and sign a Volunteer Agreement before I will be allowed to volunteer for the DRHS. As a volunteer of the DRHS, you may have access to confidential information, which is not generally known to or accessible by the public. Disclosure of confidential information is not permitted. This non-disclosure applies during and after your volunteer time with the DRHS. Any copying, reproducing or distributing of confidential information in any manner must be authorized by management. Confidential information remains the property of the DRHS.

Understanding that public relations are an important part of a volunteer's activities on behalf of the DRHS, I hereby authorize the DRHS to use any photographs of me in its possession for public relation purposes.

Volunteer Signature: _____ **Date:** _____

***Parent Signature:** _____ **Date:** _____

*Required for volunteers under 18 years of age. Volunteers ages 12 to 15 must be accompanied by an adult (over 18) at all times. The supervising adult must also have attended volunteer orientation.