



OFFICE USE: Orientation Completed on _____

Short-term Volunteer Application

FULL Name: _____

Address: _____ City: _____

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

Phone: _____ Email (REQUIRED): _____

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

| | | |
|---|---|--|
| ✓ | All PAWS ON DECK | |
| | Supply Drive | Host a supply drive at your school or approved business |
| | Signs of Love for the DRHS | Make & Hold up signs "Honk Once for Dogs" "Twice for Cats" |
| | Shelter Clean Team | Sweep, Mop, Vacuum, Clean Windows, Organize a Room |
| | Community Ambassador Team | At a pre-approved location set up booth and hand out fetch list |
| | Bake Sale | Host a bake sale with proceeds for the DRHS |
| | Your Event | Be Creative and Approve your event through the coordinator |
| | Community Events | |
| | Special Events | Prepare or volunteer at DRHS special events (when available) |
| | Humane Education/Kids Programing | |
| | Humane Heroes | Assist with kids activities (1 st Sat of the Month – Sept to May) |
| | Kids & Critters Summer Camp | Monitor a group of campers & assist camp leaders (Summer) |
| | Support Tasks | |
| | Dirty Paws Laundry Service | "Ease the Load" - Assist staff with shelter laundry |
| | Office/Administrative Support | Assist staff with small projects, mailings, etc. (when available) |
| | Green Team | Weed, water, and trim plants on our Campus (Spring-Summer) |

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.