



429 NW Scenic Drive, Grants Pass, Oregon 97526
Phone: 541-479-5154 email: rvhs@budget.net

Helping Our Community...Four Paws at a Time

VOLUNTEER APPLICATION & INFORMATION FORM

Name _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Age if < 21 _____

Email address _____

Emergency Contact Person _____ Phone _____

Medical Problems/Health concerns (example, heart condition, seizures)

1. _____
2. _____
3. _____

Allergies (including chemicals, animals, environmental, etc.)

1. _____
2. _____

Medications

1. _____
2. _____
3. _____
4. _____

Please list 2 references who are not family members

Name _____ Phone number _____

Name _____ Phone number _____

How did you hear about our Volunteer Program? Are you here through/with another community organization? _____



VOLUNTEER/COMMUNITY SERVICE RELEASE FORM & PARENTAL CONSENT

Name _____

If accepted as a volunteer or community service worker for the Rogue Valley Humane Society (RVHS), a non-profit corporation, I realize I am not a paid employee and am not covered by any workers' compensation insurance or any other insurance or guaranteed medical payment coverage which would compensate me should I be injured while on the premises of the Rogue Valley Humane Society or off the premises while volunteering for the Rogue Valley Humane Society.

I recognize that in handling animals there exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby fully release, discharge, indemnify and hold harmless forever the Rogue Valley Humane Society, its corporation officers, director, board of directors, agents, servants, employees and other volunteers from any and all things, acts, omission or conditions which may cause me damage or injury or any other problems in any way connected with my services for RVHS, including but not limited to animal bites or scratches, accidents, injuries, property damages or veterinary fees.

I also understand that public relations are an important part of volunteering at RVHS. On behalf of myself, my heirs, personal representatives and executors, I allow RVHS to use my name and/or photographs of me in public relations efforts.

Applicant Signature _____ **Date** _____

Parental Consent

I, _____ give my consent for my minor child _____ to participate in the RVHS Volunteer Program. I acknowledge the requirement that a volunteer under 16 must be accompanied by his/her parent or legal guardian at all times to participate in all aspects of volunteering at RVHS. I have read and agree with the terms written above for myself and my child while on RVHS grounds and business while participating in the Volunteer Program.

Signature of Parent/Guardian _____ **Date** _____



Name _____

Have you volunteered for RVHS in the past? _____ If so, when? _____

Please indicate the days and times you are most interested in working. We do not expect you to come in at any particular time or day, it is entirely up to you and your schedule. Available times and hours for volunteering are Monday to Saturday 8am to 4pm.

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____

Areas of Interest and Skill

Do you have experience with animals? Yes _____ No _____
Have you ever worked in the animal care/health care field? Yes _____ No _____
Do you have experience dealing with farm animals in any capacity? Yes _____ No _____
Do you have advanced computer skills? Yes _____ No _____
Do you have skills or training in building or yard maintenance? Yes _____ No _____
Please explain "Yes" answers

Please check the animals you are comfortable handling and working with:

Dogs: Small _____ Medium _____ Large _____ Puppies _____
Cats _____ Kittens _____ Small Animals (rabbit, rodents, etc) _____
Reptiles _____ Birds _____ Horses _____
Goats/Sheep _____ Chickens _____ Other _____

Please choose your area(s) of interest. Check the 3 you are most interested in.

<input type="checkbox"/> Dog Walking	<input type="checkbox"/> Animal Transportation	<input type="checkbox"/> Grounds Maintenance
<input type="checkbox"/> Dog Training	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Office Work
<input type="checkbox"/> Grooming	<input type="checkbox"/> Offsite Adoptions	<input type="checkbox"/> Computer Work
<input type="checkbox"/> Kennel Cleaning	<input type="checkbox"/> Special Events	<input type="checkbox"/> Fire Rescue Team
<input type="checkbox"/> Cat Socialization	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Thrift Store
<input type="checkbox"/> Cat Cage Cleaning	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Other

Animal Transportation

Occasionally there is a need for animals to be transported to a veterinarian, an offsite adoption or other special event. If you are interested in providing this service, please answer the following questions. The appropriate containment device will be provided where applicable. Please be assured your answers will be held in the strictest confidence by RVHS.

Do you have a valid Oregon Driver's License? Yes _____ No _____ # _____
Do you have your own transportation? Yes _____ No _____
Do you have liability insurance? Yes _____ No _____
Name of Insurance Company _____



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Name _____

MISSION STATEMENT

The Rogue Valley Humane Society is dedicated to improving the lives of companion animals in our community and finding permanent and loving adoptive homes for the cats and dogs in our care. We provide a safe haven for animals in transition, serve as advocates for animals and their people, work to end animal overpopulation and educate the public about compassion and responsibility toward all animals. Our shelter is a No-Kill facility where all incoming animals are evaluated, medically treated and rehabilitated when needed. RVHS is a 501 (c)(3) non-profit organization that does not receive any government funding and relies on the goodwill and generosity of individuals and corporations.

VOLUNTEER AGREEMENT

I agree to adhere to the following conditions as part of my volunteer experience. Failure to comply with volunteer policies may lead to dismissal.

1. To sign in upon arrival and out when leaving.
2. To wear my name tag at all times when on the premises or when representing RVHS during off-site business.
3. To accept and adhere to all RVHS policies and procedures, including being on the grounds only when RVHS staff is present and not entering restricted areas as defined by the manager.
4. To accept the guidance and decisions from the person in charge as to specific jobs for the day.
5. To inform the staff and fellow volunteers if there are assigned duties which I am not comfortable with or feel are out of my scope of knowledge.
6. To perform my volunteer duties to the best of my abilities. With this, I agree to inform staff of duties I am unable to finish.
7. To not discuss issues relative to the shelter outside of the shelter. I understand RVHS's need to continue to maintain its positive image within the community. Specific concerns will be brought to the attention of the manager.
8. Not to conduct tours for family or friends without prior authorization.
9. To be polite, courteous and helpful to the public, fellow volunteers and staff.
10. To notify RVHS in writing or by phone of extended leave or resignation.
11. To adhere to a drug free workplace.

Applicant Signature _____ Date _____

Signature of Parent or Guardian if under 18 _____

The Rogue Valley Humane Society will make every effort to make your service with us a rewarding one. You will be treated with courtesy and respect. You will receive adequate training for more varying duties as your time and experience with us grows. We encourage you to bring your ideas and suggestions for improving the Volunteer Program.