

VOLUNTEER APPLICATION

Humane Society of Morgan County

PERSONAL INFORMATION

Please tell us about yourself.

Date of Application _____

Full Legal Name (as printed on your Drivers License)

Date of Birth

Street Address

City

State

Zip Code

Primary Phone Number (Required)

Secondary Phone Number (Optional)

Email Address (Required)

Do you currently carry a valid, UNRESTRICTED Drivers License?

No

Yes, please provide a copy with this application

If you are accepted as a volunteer with the HSMC, do you object to a police background check?

No, I would NOT object.

Yes, I WOULD object.

If Yes, please explain:

Are you a US Citizen?

Yes, I AM a US Citizen

No, I am NOT a US Citizen

Have you ever been convicted of a felony?

No

Yes, not willing to explain

Yes, but willing to explain

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Have you ever worked, volunteered for or performed community service at the HSMC in the past?

No

Yes

Please provide details to include DATES, POSITION, RESPONSIBILITIES & Reason for Leaving

Do you have any friends or relatives currently working, volunteering or performing community service at HSMC?

No

Yes

Please provide names and position:

Tell us WHY you would like to volunteer at the HSMC

What certifications, licenses, degrees...etc, have you earned which relate to working with cats and dogs?

What is your **personal** experience working with cats and dogs?

Have you ever been employed by or volunteered for another Rescue, Shelter, Groomer, Kennel or Trainer (*other than HSMC*)?

No

Yes,

Please provide the Name, Dates, Position and Reason for leaving:

VOLUNTEER POSITIONS

Please tell us what position(s) you are interested in applying for at HSMC.

Select all that apply

Animal Caretaker - (Cleaning Kennels, Shelters, Animals and Daily Care of Animals)

Adoption Application Processing/Administrative Assistance

Photographer - (At Shelter and Offsite Events)

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Dog Trainer & Behavior Modification Specialist - (Individual Training, Socialization & Rehabilitation)

Volunteer Coordinator - (Responsible for Coordination of Volunteer Program)

Fundraising & Event Coordinator - (Coordination of Outside Events and Fundraising Opportunities)

Foster Coordinator - (Coordination of Foster Care Program)

Other - (Position Not Listed) Explain: _____

Do you have any fears, allergies or medical limitations which would prevent you from participating in or volunteering in all areas of the rescue? (This includes outside events)

No

Yes, please explain: _____

When was your last Tetanus vaccination? _____

Tell us WHY you would like to volunteer at the HSMC:

What would you like TO DO as a volunteer at the HSMC?

As a volunteer, would you prefer to be scheduled or come and go as you wish?

Scheduled

Come & Go

If you would prefer to volunteer on a schedule, please provide the ideal schedule based on our hours of operation:

<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
10am - 5pm	10am - 5pm	10am - 5pm	10am - 5pm	10am - 5pm

If you prefer to come and go as you wish, how many hours a week would you be willing to volunteer?

Do you have any restrictions such as school, work or other engagements which would limit your volunteer time?

No

Yes

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Are you looking to volunteer at the HSMC to earn volunteer hours?

No

Yes

Did you or are you currently serving in the Armed Forces?

No

Yes (please complete Military History)

MILITARY HISTORY

Which Branch of the Armed Forces did/do you serve in?

What is your current status?

Active

Reserve

National Guard - State: _____

Veteran

If Active/Reserve/National Guard, Please provide unit and command contact information.

I understand that this application is not a guarantee I will be accepted as a volunteer with the Humane Society of Morgan County.

I understand that material omission or false statements on this application may be considered sufficient cause for denial of or dismissal of my volunteer position.

I furthermore understand that smoking is NOT permitted on the Humane Society grounds or during my shift. If I am caught smoking on the property or smell like smoke I WILL be told to leave and my volunteer status may be terminated.

Upon being made aware of the need, the Humane Society will make reasonable accommodations to otherwise-qualified persons with a disability if the need should arise.

Signature of Applicant (*If a minor, adult guardian signature is required below*)

Date

Printed Name

Current Age (Minor applicants ONLY)

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ADULT GUARDIANS ONLY

VOLUNTEERS UNDER AGE 18

Applicants aged 16 & 17 require adult guardian permission to volunteer for the Humane Society of Morgan County. Volunteers 16 and older can volunteer AT the shelter without adult guardian supervision, however, permission for offsite events must be approved before commitment is accepted by the HSMC management.

_____ Initial

VOLUNTEERS UNDER AGE 16

Applicants under aged 16 require adult guardian permission to volunteer for the Humane Society of Morgan County. Volunteers under the age of 16 are also REQUIRED to be accompanied by an adult guardian at ALL TIMES while volunteering with the HSMC, at the shelter and at offsite events. Exceptions to this policy will NOT be made.

_____ Initial

I give permission for my minor child to volunteer at the Humane Society of Morgan County under the guidelines as listed above based on his/her age. I will provide my contact information below as requested and update it as necessary. I understand I am responsible for monitoring my child's behavior while volunteering for the HSMC and will escort my child off the premises if his/her behavior is deemed inappropriate for the shelter environment, by the shelter management.

_____ Printed Name

_____ Relationship

_____ Address

_____ City

_____ State

_____ Zip Code

_____ Primary Phone

_____ Secondary Phone

_____ Signature

_____ Date