

Whitman County Humane Society Volunteer Release Form (12/26/08)

Emergency Contact:

Name (first & last): _____

Address: _____

Phone numbers: Home: _____ **Cell:** _____ **Work:** _____

For Adult Volunteers

I understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, I agree to assume those risks and to release, indemnify, and hold harmless the Whitman County Humane Society and/or its Officers, Directors, Employees, Agents or Contractors, for any and all personal injury and property damages resulting from my volunteer work.

I have read, understood, and agreed to the above.

Signature _____ Date _____

For Minor Volunteers

Volunteer consent and waiver for _____
(name of minor)

I, _____, being the parent or legal guardian of the above named minor, give my consent to allow my (son, daughter, ward) to perform volunteer services for the Whitman County Humane Society (herein after referred to as "The Society"). I fully understand and acknowledge that his/her services are to be performed subject to all the rules and regulations of the Society, that violations thereof shall be cause for immediate dismissal, and that all services performed by my (son, daughter, ward) are strictly voluntary, without pay or compensation of any sort and without liability of any nature on behalf of The Society. I further acknowledge that all services are performed at his/her own risk.

On behalf of myself, my (son, daughter, ward), my heirs, my personal representatives or administrators, I hereby release, discharge, indemnify, and hold harmless The Society, its agents, servants, and employees from and against any and all claims, causes of action, demands, judgments, or fees, incurred by The Society, which could in any way be associated with or connected with his/her services for The Society, including but not limited to, animal bites, accidents, or injuries.

Signature of Parent/Legal Guardian _____ Date _____

I, _____, understand that public relations are an important part of volunteering at The Society. On behalf of my (son, daughter, ward) I allow The Society to use any photographs taken of my (son, daughter, ward).

Signature of Parent/Legal Guardian _____ Date _____

Whitman County Humane Society Volunteer Service Agreement (12/26/08)

As a volunteer at the humane society, I agree to:

- ❖ Hold as **absolutely confidential** all information that I may obtain, directly or indirectly, concerning clients and staff. I agree not to seek to obtain confidential information from a client. I understand that intentional or unintentional violations of confidentiality may result in disciplinary action, including termination by WCHS and/or possible legal action by others (i.e., clients, customers.)
- ❖ Become familiar with the shelter's policies and procedures (via orientation and ongoing training) and uphold its philosophy and standards.
- ❖ Donate my services to the organization without contemplation of compensation or future employment.
- ❖ Be punctual and conscientious, conduct myself with dignity, courtesy and consideration for others, and endeavor to make my work professional in quality.
- ❖ Furnish and maintain appropriate attire and maintain a clean appearance.
- ❖ Attend orientation and in-service training sessions as required.
- ❖ Carry out my assignments and seek assistance from the shelter staff when necessary.
- ❖ Take any job-related problems, concerns, or suggestions to a member of the shelter staff.
- ❖ Adhere to WCHS sign-in procedures.
- ❖ Notify the shelter staff as soon as possible (preferably prior to my shift) if I am unable to work as scheduled.
- ❖ Notify the shelter staff if/when I choose to discontinue my volunteer service at the Humane Society.

I understand that the WCHS reserves the right to terminate my volunteer status as a result of any of the following:

- ❖ Failure to comply with organizational policies, rules, and other regulations.
- ❖ Absences without prior notification.
- ❖ Unsatisfactory attitude, work, or appearance.
- ❖ Any other circumstances which, in the judgment of the shelter staff would make my continued service as a volunteer contrary to the best interest of WCHS.

I have read and understand each of the above conditions; my signature below indicates that I agree to be bound by them.

Signature _____ Date _____

Print name _____ Phone number _____