



CHRIST YODER ANIMAL SHELTER/ADOPTION CENTER VOLUNTEER APPLICATION

(Must be 18 years old)

NAME: _____ DOB: ___ MO. ___ DAY

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ EMAIL: _____

EMPLOYMENT: _____ WK. PHONE: () _____

EMERGENCY CONTACT: _____ PHONE: () _____

DO YOU HAVE A VALID TEXAS DRIVER'S LICENSE? NO YES # _____
A COPY OF YOUR DRIVER'S LICENSE/OFFICIAL ID WILL MADE.

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME CAUSING HARM TO A PERSON OR ANIMAL? NO YES EXPLAIN: _____

ARE YOU PREGNANT, AFRAID OF OR ALLERGIC TO ANIMALS? NO YES

DO YOU HAVE AN IMMUNE SYSTEM DEFICIENCY OR HAD YOUR SPLEEN REMOVED? NO YES EXPLAIN: _____

DO YOU HAVE A PHYSICAL/EMOTIONAL CONDITION THAT MIGHT HINDER YOUR VOLUNTEER SERVICE, OR REQUIRE US TO PROVIDE YOU WITH EXTRA ASSISTANCE OR SUPERVISION? NO YES EXPLAIN: _____

THE CHRIST YODER ANIMAL SHELTER IS A EUTHANIZING FACILITY. ARE YOU FAMILIAR WITH EUTHANASIA AND HOW DO YOU FEEL ABOUT IT?

PLEASE CIRCLE ANY OF THE VOLUNTEER POSITIONS THAT YOU ARE INTERESTED IN:

ANIMAL TRANSPORT	BATHING/GROOMING	CATTERY CLEANING	RECEPTIONIST
DOG KENNEL	FUNDRAISING	HANDYMAN	HOUSEKEEPING/LAUNDRY
PUBLIC RELATIONS	SOCIALIZING	TRAINING/OBEDIENCE	YARDWORK

WHAT DAYS AND HOURS DO YOU PREFER? _____

SIGNATURE: _____ **DATE:** _____

FOR INTERNAL USE ONLY: ___ Release ___ Badge ___ Membership Fee & List ___ Trained



**CHRIST YODER ANIMAL SHELTER/ADOPTION CENTER
VOLUNTEER RELEASE**

I, _____, hereby agree to accept a position as a volunteer worker of the Hill Country Humane Society/SPCA at the Christ Yoder Animal Shelter/Adoption Center, therein after referred to as HCHS/SPCA, and in so doing, I agree to comply with all of the rules and regulations established by the HCHS/SPCA, and I understand that failure to do so may result in my immediate dismissal as a volunteer. As a volunteer, I agree to do my best to represent the HCHS/SPCA to the public in an accurate and professional manner.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of the HCHS/SPCA; all services to be performed at my own risk.

I understand that I must follow policy/protocol/procedure established by the HCHS/SPCA and explained by staff. Failure to do so can result in my being asked to leave and loss of volunteer privileges. I understand that the HCHS/SPCA & CYAS/AC has a 'No Tolerance' policy for alcohol/drug use and/or intoxication while on Shelter grounds. *Initial* _____

I recognize that in handling animals and performing other volunteer tasks, 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 release, discharge, indemnify and hold harmless HCHS/SPCA, its agents, servants, and employees from any and all claims, causes of action, or demands of any nature of cause, including costs and attorney fees incurred by HCHS/SPCA in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for HDHS/SPCA including but not limited to animal bites, accidents, or injuries.

I understand that public relations are an important part of volunteering at HCHS/SPCA. On behalf of myself, my heirs, personal representatives, and executors, I hereby allow HCHS/SPCA to use any photographs taken of me for use in public relations efforts.

Signature

Date

Witness Signature

Date