



VOLUNTEER APPLICATION

Name: _____ Primary Phone: _____

Alternate/Cell Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Are you over 18? _____

If you are volunteering through a program (school, court-ordered, etc.), please indicate the following:

Organization: _____ Name of Contact: _____

Phone: _____ Number of hours you are required to work: _____

Thank you for considering becoming a volunteer with BRHS. To ensure that we find a good match between your skills and BRHS' needs, we ask that you answer the following questions.

Do you have any allergies or other physical conditions that might affect your volunteer work? Yes No

If yes, please explain: _____

Special skills or talents that might benefit the care of the animals, such as training dogs, proficiency in computer applications, etc.: _____

How many hours per week would you like to volunteer?: _____

When are you available to volunteer?:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: _____

How did you hear about BRHS?: _____

Have you ever been an employee of, or volunteer for, another animal welfare organization? If yes, please explain: _____

Do you have any prior experience as a volunteer?: If yes, for what organization(s)? What were your duties?

What companion animals do you have now?: _____

Have you had in the past?: _____

Are your companion animals spayed/neutered? If not, please explain: _____

**Please let us know which volunteer opportunities interest you most
(check as many as apply)**

ANIMAL CAREGIVER

Clean kennels. Feed and water animals. Assist shelter staff with the public. Socialize, exercise and groom animals.

I'd like to work with: Dogs Cats Small Animals Any

I can help transport animals to vet and foster homes Dogs Cats

ADOPTION COUNSELOR

Screen potential adopters to insure the animal's placement in a loving and secure home. Additional training on screening forms and adoption contracts is required.

FOSTER CAREGIVER

Provide a temporary home for kittens, puppies, or animals with special needs until they can be adopted. Additional application, screening and training are required.

ADOPTION FOLLOW-UP

Contact new adopters to see how the adoption is going and to offer support with training and behavior issues. Additional training is required.

OFFICE COMMUNICATIONS/COMPUTER

Perform standard office functions, assist with clerical tasks, assist with data input.

Computer Any

FUNDRAISING/PUBLICITY

Varies with activity. May include planning, logistics and coordination of activity or special event.

Special Events Mailings Writing for newsletters and publicity Photography

Grant writing Distribute Newsletters/flyers Designing Posters or other Advertisements

OTHER

Senior therapy/nursing home visits Youth Programs Maintenance

Other (Specify): _____

From time to time we are in need of skilled labor (carpenter, licensed electrician, licensed plumber, etc.)

If you have any skills and can donate your time, please specify how: _____

Release, Waiver and Assumption of Risk:

I hereby agree that if I am accepted as a volunteer worker for the Brookings Regional Humane Society, ("BRHS") I agree to comply with all of the volunteer policies and procedures which may be established from time to time by BRHS. I understand that failure to comply with the volunteer policies and procedures of BRHS may result in the immediate termination of my volunteer assignments and privileges.

I understand and agree that if accepted as a volunteer, all services preformed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind, that I will not be an employee of BRHS nor otherwise derive any benefits normally available to employees of BRHS, and that BRHS shall incur no liability of any nature as a result of my volunteering for BRHS.

I understand that public relations are an important part of volunteering with BRHS. On behalf of myself, my heirs and personal representatives, I give BRHS permission to use and publish photographs taken of me as a volunteer for use in its public relations efforts.

In signing this waiver, I acknowledge that I understand its intent, and I, for myself and my family or participating group, do hereby agree and will absolve and hold harmless THE BROOKINGS REGIONAL HUMANE SOCIETY, INC. from and against any blame and liability for any injury, harm, loss, inconvenience or any damage of any kind whatsoever, which may result from or be connected in any way to my participation in any and all events.

I hereby agree to follow all of the guidelines and regulations required for these events, to prevent injuries, damages or mishaps involving any volunteer, animal or Brookings Regional Humane Society representative participating in the event.

I certify that I have read this waiver and understood its significance. If under 18 parent or guardian must sign*.

Printed name: _____

Phone number(s): _____

In case of emergency, please contact: _____

Relationship to Volunteer: _____ Phone: _____

Signature: _____

Age if under 18: _____

*Printed name of Parent or Guardian if under 18: _____

*Signature of Parent or Guardian: _____