



Toccoa-Stephens County
Humane Shelter, Inc.

Volunteer Application

VOLUNTEER APPLICATION

COMMUNITY SERVICE _____ (PLEASE CHECK IF YES)

Thank you for your interest in volunteering. Volunteers play a vital role within our organization. We encourage the participation of volunteers who support our mission.

Today's date: _____

Applicant Name: _____ Email: _____

Home address: _____ City, State, Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Emergency Contact: _____ Contact number: _____

Please describe any previous experience with animals: _____

Please describe your special skills, training, hobbies: _____

Have you volunteered with TSCHS in the past? Yes No

Are you 18 years of age or older? Yes No

Are you volunteering to fulfill a school/college requirement? Yes No if yes, how many hours? _____

Excluding traffic violations, have you ever been convicted of a criminal offense? Yes No

If yes, please explain: _____

Are you volunteering to fulfill court ordered or disciplinary action community service Yes No Hrs: _____

Please check the activities you may be interested in:

- Dog Walking/Socializing Dog Grooming/Bathing Cat Socialization Cleaning Laundry Building Maintenance Offsite Adoptions Fundraising Events Pet Therapy Lawn Maintenance Animal Care PM Animal Care Other

Please indicate time(s)/day(s) you are available to volunteer: _____

Applicant Signature: _____ TSCHS Initials: _____

Thank you for your interest in volunteering for the Toccoa-Stephens County Humane Shelter!



Toccoa-Stephens County Humane Shelter, Inc.

a non-profit organization

I, _____, hereby agree to accept a volunteer position with the Toccoa-Stephens County Humane Shelter (TSCHS). I understand that the term volunteer means that my actions and services are rendered to the TSCHS with generous and charitable motives. No liability whatsoever will be incurred by the TSCHS to anyone who performs voluntary services. I understand that volunteer means a person who freely chooses to render services to the TSCHS in a voluntary capacity.

Please initial each statement:

___ I fully understand that my services are provided strictly in a voluntary capacity and I agree to provide my services to the TSCHS strictly as a volunteer. I understand that I will receive no compensation, salary, employee benefits or payment of any kind for the services I render.

___ I fully understand and agree to assume all risks involved in any and all duties that I perform for the TSCHS in my volunteer capacity, including but not limited to animal handling and custodial work. I agree to hold the TSCHS harmless for any injury(s) which I might sustain during the course of my volunteer duties.

___ I agree to treat all animals at the shelter with care and respect and to follow the animal handling guidelines I receive during training with shelter staff.

___ I agree not to represent the TSCHS outside my immediate volunteer capacity, nor to take photographs, nor to interact with the media unless requested/approved otherwise by the TSCHS Executive Director. The TSCHS employs staff to handle the concerns of animal welfare issues within and outside the shelter.

___ I agree to hold absolutely confidential all information that I may obtain, directly or indirectly, concerning clients, animals and staff. I agree not to seek to obtain confidential information from clients or staff.

___ I agree to be punctual and conscientious, conduct myself with dignity, courtesy and consideration for others, and strive to make my work professional in quality.

___ I agree to seek assistance from a TSCHS staff member when I need help.

___ I agree to communicate any job related problems, concerns, differences of opinion, conflicts or suggestions to the Executive Director or his/her designee.

___ I agree to record my volunteer hours in the volunteer book clearly and consistently.

___ I agree to notify the volunteer coordinator/staff when I am unable to volunteer as scheduled.

___ I agree to notify the Executive Director if I choose to discontinue my volunteer services with the TSCHS.

___ I fully understand and agree that the TSCHS, at its sole discretion, may immediately terminate my services.

By signing and dating, I confirm that I have read, understood and agree to abide by this agreement.

Signature

Date

Volunteer Coordinator
Signature

Date