



The Humane Society of Moffat County Shelter Volunteer Application

Date: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

In case of emergency, please notify:

Name/Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Please note if you have any form of health insurance coverage: Yes No

Have you ever been convicted of a crime? : Yes No (if yes, please explain).

Bear Creek/Craig Animal Shelter is open Mon-Thu, 8:00am–5:30pm; Fri, 9:00am-5:30pm; and Sat, 8:00am-Noon. **Volunteering is done SATURDAYS ONLY from 8:00am–Noon, unless previous arrangements have been made.**

Why are you interested in volunteering at our shelter? _____

Please list any previous volunteer experience, special skills, abilities or hobbies that would be helpful to our shelter. _____

Please describe any and all previous experience you have had working with animals. _____

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Do you have any physical limitations, including allergies that would limit your ability to perform the work you will do at the shelter? If so, please describe. _____

What do you believe are some of the biggest problems facing animal shelters today? _____

Please list a minimum of two personal references

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

1. Each volunteer **MUST** attend a shelter orientation and one training class at Total Teamwork. Dates and times for these free classes will be given to you.
2. We ask that you sign up in advance for the Saturdays that you are interested in. No more than two people per Saturday.
3. **We recommend shelter volunteers have their own health insurance coverage before beginning their work as a volunteer. Worker's compensation coverage does not apply to volunteers.**
4. When arriving, each volunteer must: write in the date on their index card; keep track of time spent volunteering for that day; wear a name tag and read any notes/memos regarding the shelter animals which will all be located at "Volunteer Central" located at the shelter. Leashes will be provided.
5. Bear Creek Animal Hospital, Craig Animal Shelter and the Humane Society of Moffat County are not responsible for injuries.
6. Euthanasia is sometimes used (very rarely). Volunteers will NOT be involved in this process.
7. We have the right to deny a volunteer's application.
8. A criminal background check will be done on all applicants over eighteen years of age.

Thank you! We look forward to your participation in our shelter volunteer program. If you have questions, please call Ann at 826-2717.

Signature

Date

RELEASE OF LIABILITY AND COVENANT NOT TO SUE
THE CITY OF CRAIG, BEAR CREEK ANIMAL HOSPITAL
AND THE HUMANE SOCIETY OF MOFFAT COUNTY

I, the undersigned, do by these presents release the CITY OF CRAIG, BEAR CREEK ANIMAL HOSPITAL, AND THE HUMANE SOCIETY OF MOFFAT COUNTY, its police officers, public officials, agents, servants, volunteers or employees from any and all injuries and damage to me and my property, or my death, arising out of or related to any happening or occurrence while I am engaged as a volunteer, dog walker, or community service worker at The Craig Animal Shelter, and for the same consideration, I promise to release and convenient not to sue said persons and the CITY OF CRAIG, BEAR CREEK ANIMAL HOSPITAL AND THE HUMANE SOCIETY OF MOFFAT COUNTY and agree to forever hold them, and each of them, harmless from any such liabilities, claims, demands, actions or causes of action. The terms hereof shall be in full force and effect on the date hereof and on any other date when I may hereafter engage in such activity or activities incidental thereto.

I have read and understand the conditions of this program as stated above, am aware of the nature of the activity and hereby voluntarily assume all risks of loss, damage, or injury to me or my property, including death, which may be sustained during or incidental to such activity.

This release and agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assign, and shall insure to benefit of the said City, its agents, employees, public officials, and person herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Print Name

Signature

Date

Phone

CONSENT OF PARENT/GUARDIAN

I represent that I am the legally appointed or natural guardian of the above person who is under the age of 18 years; that (s) he has signed the within and foregoing document with my full knowledge and consent; and that I join in the execution of the same and agree to the terms thereof and do hereby bind myself and independently agree to the same terms and provisions for myself and my heirs, executors, personal representatives and assigns.

Print Name

Signature

Date

Phone

VOLUNTEER CONSENT INFORMATION SHEET

Name: _____ Date of birth: _____

Physical address: _____

Mailing address: _____

Home phone: _____ Work phone: _____

Medications allergic to: _____

Doctor's name: _____

PARENT/GUARDIAN INFORMATION

Parent's name: _____

Physical address: _____

Mailing address: _____

Home phone: _____ Work phone: _____

Cell number: _____

Emergency contact _____