



# SEQUOIA HUMANE SOCIETY VOLUNTEER APPLICATION

6073 LOMA AVE.  
EUREKA, CA 95531  
PHONE: (707) 442-1782 FAX: (707) 442-3847

WWW.SEQUOIAHUMANE.ORG

TODAY'S DATE: \_\_\_\_\_

WE ENCOURAGE AND SEEK THE PARTICIPATION OF VOLUNTEERS WHO SHARE A PASSION FOR HELPING ANIMALS & SUPPORT THE HUMANE SOCIETY'S GOALS:

PROMOTE THE WELFARE OF ANIMALS, PREVENT CRUELTY & SUFFERING OF ANIMALS, END OVERPOPULATION OF DOGS AND CATS, KEEP ANIMALS WITH HOMES FROM BECOMING HOMELESS & FIND HOMES FOR ALL ADOPTABLE ANIMALS.

EVERY VOLUNTEER PLAYS A VITAL ROLE IN ENABLING US TO PROVIDE HIGH QUALITY ANIMAL CARE, ADOPTION SERVICES AND HUMANE EDUCATION.

Name:	<b>SHS Use Only:</b>
Address:	Contact Date:
City, State, Zip:	By:
Mailing Address:	Orientation Date:
Phone (daytime): (    )	First Day:
Phone (evenings): (    )	Follow-up:
E-Mail Address: _____ @ _____	Comments:

How did you hear about the Sequoia Humane Society?

Friend  / Mailing  / Promotional Event  / Website  / Radio  / Other  \_\_\_\_\_

Please provide the name & phone number of the person we should contact in case of an emergency:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone (work): (    ) \_\_\_\_\_ Phone (other): (    ) \_\_\_\_\_

What volunteer activities are you interested in performing? (Check all that apply.)

- |   |   |  |
|---|---|--|
| Dogs <input type="checkbox"/>               | Cats/Kittens <input type="checkbox"/>   | Kennel Assistant <input type="checkbox"/>        |
| Animal Companion <input type="checkbox"/>   | Office Work/Clerical <input type="checkbox"/>   | Tailwaggers Thrift Shop <input type="checkbox"/> |
| Fundraising Events <input type="checkbox"/> | Adoption Events (setup, dog handling, distribute info, etc.) <input type="checkbox"/> |  |
| Fostering Dogs <input type="checkbox"/>     | Fostering Cats/Kittens <input type="checkbox"/>                                       | Transport animals <input type="checkbox"/>       |
| Other: _____                                |   |  |

Do you prefer to work with cats  dogs  or both  ?

How much time do you want to spend on your volunteer work with us?

5 hours/month  10 hours/month  > 10 hours/month

Which hours and days of the week can you volunteer?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please describe your experience with animals:

Please describe any previous volunteer experience:

Special skills/hobbies:

Why do you want to volunteer with the Sequoia Humane Society?

What is generally the best time and method to reach you?

morning  afternoon  evening /  phone  email

May we contact you at work?  Yes  No If yes, do you have an extension number? \_\_\_\_\_

Do you have a reliable form of transportation?  Yes  No

Do you need community service hours?  Yes  No

Do you have any limitations that could affect your ability to perform certain tasks?  Yes  No  
If so, please describe:

### Volunteer Agreement

In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them.

1. I have read the SHS Volunteer Policies and Procedures and agree to abide by them.
2. I will abide by the mission, rules, regulations, policies, and programs of the Sequoia Humane Society (SHS) while I am a volunteer.
2. If I stop being a volunteer for SHS for any reason I agree to notify SHS promptly.
3. I will uphold in all my dealings with the public a positive and professional image on behalf of SHS.
4. If I am injured while performing my volunteer duties I will notify an SHS staff or board member immediately, and seek appropriate medical attention.
5. I understand and agree that SHS may refuse volunteer applications for any reason.
5. If I will be sheltering or providing foster care or boarding any of SHS's animals in my home, I consent to SHS visiting my home from time to time to observe the animals and their living quarters.
6. I have accurately and truthfully completed this Volunteer Application and Agreement.

Dated: \_\_\_\_\_

APPLICANT

SEQUOIA HUMANE SOCIETY

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name/Title

## VOLUNTEER EMERGENCY INFORMATION

Name of volunteer: \_\_\_\_\_

Please provide the name & phone number of the person we should contact in case of an emergency:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone (home): (\_\_\_\_) \_\_\_\_\_

Phone (work): (\_\_\_\_) \_\_\_\_\_

Phone (other): (\_\_\_\_) \_\_\_\_\_

### MY VOLUNTEER COMMITMENT

I have read the Volunteer Policies and Procedures of the Sequoia Humane Society and agree to abide by them and all required safety practices. I will follow the direction of my immediate supervisor and, if a disagreement arises, follow appropriate professional guidelines to resolve the disagreement.

I will uphold, in all of my dealings with the public, a positive and professional image on behalf of the Sequoia Humane Society and its programs.

I release the Sequoia Humane Society from all liability connected with my duties as a volunteer.

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

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CALIFORNIA DRIVER'S LICENSE OR ID #

\_\_\_\_\_  
EXP. DATE