



SEQUOIA HUMANE SOCIETY  
**YOUTH VOLUNTEER APPLICATION 17 & UNDER**

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

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

WWW.SEQUOIAHUMANE.ORG

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>
Birth date:	Age:	Contact Date:
Grade level:	School:	By:
Address:		Orientation Date:
City, State, Zip:		First Day:
Mailing Address:		Follow-up:
Phone (daytime): ( )		Comments:
Phone (evenings): ( )		Adult Supervisor:
E-Mail Address: _____ @ _____		

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (daytime): (\_\_\_\_) \_\_\_\_\_ Phone (evening): (\_\_\_\_) \_\_\_\_\_

Cellular or pager: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

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  ?

Do you have animals at home? Yes  No  Are your dogs & cats spayed or neutered? Yes  No

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?

Do you need community service hours?  Yes  No

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

morning  afternoon  evening /  phone  email

Do you have a reliable form of transportation  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

# Sequoia Humane Society

6073 Loma Avenue, Eureka, CA 95503

(707) 442-1782 office (707) 444-8551 administration (707) 442-3847 fax

www.sequoiahumane.org

## Waiver of Liability, Indemnification Agreement, and Medical Release for Minors (under 18 years of age)

Youth volunteers are required to work under the supervision of an adult. Activities may include some or all of the following: cage cleaning, dog walking, cat and dog grooming, office assistance, special event assistance and foster care.

I understand that \_\_\_\_\_, a minor child of whom I am the parent or guardian, is being permitted by the Sequoia Humane Society to participate as a volunteer in the above described activities. I hereby waive, release, and discharge any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation as a volunteer. This release is intended to discharge in advance the Sequoia Humane Society, its Directors, employees, and agents from all liabilities, actions, claims, demands, costs, or expenses arising from or in any way connected with the said minor child's participation as a volunteer.

I further agree to indemnify and to hold the Sequoia Humane Society (its directors, employees, and agents) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that said minor may sustain while participating as a volunteer.

I certify that I have custody or am the legal guardian of said minor. I further state that said minor is physically able to participate in the activities set forth above. I understand that said volunteer activities may be of a strenuous or hazardous nature, and that serious accidents occasionally occur during participation in volunteer activities. Knowing the risks involved, nevertheless, I request permission for the Minor child to participate in volunteer activities with the Sequoia Humane Society.

I agree that all services provided by said minor child are charitable in nature and entirely voluntary, and no compensation of any kind will be received for the performance thereof. Further, I have been fully advised that as a non-employee said minor is not covered by worker's compensations and that the child's legal guardian's personal medical insurance takes precedent over any volunteer medical insurance policy from the Sequoia Humane Society.

I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, INDEMNIFICATION AGREEMENT, AND MEDICAL RELEASE AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE SEQUOIA HUMANE SOCIETY AND I SIGN IT OF MY OWN FREE WILL.

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Name of Participant

Age of Participant

Date

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Signature of Parent or Legal Guardian

Date