



VOLUNTEER AGREEMENT

(Volunteers must be 18 years or older & have their own health insurance)

Interested in: Dogs _____ Cats _____ Administrative _____ Other (explain) _____

Desired Location: Main Shelter _____ Coral Springs Petsmart _____ Pompano Petsmart _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Fax: _____ Work: _____

Email Address: _____ T-Shirt Size: _____

Birthday: Month _____ Day _____

By signing below, I agree to serve as a volunteer and commit to the following:

1. To perform my duties to the best of my ability.
2. To serve as a volunteer, without receiving any monetary compensation or other financial benefits for my service.
3. To adhere to the rules and procedures, including record keeping requirements, client information and confidentiality of the **Florida Humane Society, Inc.**
4. I affirm that all information I learn about the people and any animal of the organization, is deemed strictly confidential.
5. I shall not disclose confidential information about **The Florida Humane Society, Inc.** or its' contacts to any other individual or organization.
6. To meet time and duty commitments, or to provide adequate notice so that alternative arrangements can be made.

The **Florida Humane Society, Inc.** handles rescued animals, whose temperaments are unknown, therefore the volunteer must assume all risk of harm or injury from these animals and/or any possible injury sustained while working as a volunteer.

I agree to Release and Hold Harmless, **The Florida Humane Society, Inc.**, its' officers, directors and members.

Signed: _____ Date: _____

MEDICAL INSURANCE INFORMATION

COMPANY: _____ ID#: _____

DOCTORS NAME: _____ PHONE: _____

HOSPITAL: _____

List all medical allergies (if none write NONE in the space) _____

Do you have any physical or medical limitations that would limit the type of volunteer activities you can perform, i.e..... pregnancy, back problem, etc.? Yes _____ No _____

If YES, please explain _____

IN CASE OF EMERGENCY, CONTACT: _____

Relationship: _____

Home Phone: _____ Cell: _____

Work: _____

If there are any changes to your health history or insurance please notify us immediately so your records we can update our records.

LIABILITY WAIVER

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I, _____, hereby agree to indemnify and hold harmless the **Florida Humane Society, Inc.**, its' employees, agents, board of directors, officers, volunteers, and all people and organizations connected to it from any and all liability arising out of or in consequence of, injury sustained as a result of, any activity connected with myself or my child(ren) **volunteering for the Florida Humane Society, Inc.**

Signature: _____ Date: _____

I agree to not use, distribute, or publish any of the Florida Humane Society's proprietary materials or documents; including, but not limited to, logos, trademarks, copyrights, web materials, forms, or name facilities; and will not represent myself as an agent or spokesperson for FHS without express written permission from the executive officers of FHS.

Signed _____

For insurance purposes, volunteers MUST be 18 years old or over to work with the animals. All volunteers must attend an Orientation and Training Class.

Proof of current health insurance and driver license will be required.

Are you required to do School Project Community Service? Yes _____ No _____

Name of Teacher/School/Project _____

Number of hours required _____

Are you doing this as a court ordered community service? Yes _____ No _____

Type of offense? _____ Number of hours needed: _____

Who do you report this service to? Name _____ Phone # _____

Please tell us what position you would be interested in from the list below.

Fostering - Dog _____, Cat _____, Puppies _____, Kittens _____, Fundraising _____,

Grant Writing _____, Adoptions _____, Cleaning _____, Vet Transportation _____,

Administrative _____.

Which location can you work at:

Main Shelter Coral Springs Petsmart Pompano Petsmart

What days and times would you be available?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

What special skills do you have that may be helpful to the Florida Humane Society, Inc.?

Have you ever volunteered with another animal group _____ if so who _____

_____ and why did you leave ? _____

How do you feel about spaying and neutering? _____

How do you feel about euthanasia? _____

Other than the fact that you love animals, why do you want to volunteer with the Florida Humane Society, Inc.? _____

Tell us a little about yourself (hobbies, family, animals you have)

We rely heavily on the generosity of our volunteers, who give their time and skills to help provide the best possible care for the animals that are entrusted to The Florida Humane Society.

Thank you for volunteering.