

VOLUNTEER APPLICATION

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS APPLICATION IN IT'S ENTIRETY.

IMPORTANT NOTES:

1. HSHA volunteers must be at least 18 years old.
 2. If you are affiliated with a special needs program, contact the Volunteer Coordinator at (717) 564-3320 ext. 120 prior to applying to volunteer.
 3. If you must complete court-mandated community service, contact us at (717) 564-3320 ext.105.
Our Volunteer Program will not satisfy these hours.
 4. Our Volunteer Program seeks a commitment of at least two (2) hours each week on a year-round basis. It is not intended for short-term or student projects. Please visit our website for suggested activities to meet school or group requirements.
 5. You will be contacted via phone for a brief interview after your application has been processed. ***Please list your preferred times to call and the preferred number.*** Note: applications will be held for 30 days after our first attempted contact. The Volunteer Coordinator will reach out within 1-2 weeks of receiving your application.
-
-

PLEASE PRINT CLEARLY

TELL US ABOUT YOURSELF!

Name: _____ Date of Application: _____

Address: _____

City, State, Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

(This is HSHA's primary means of communicating with volunteers)

Employer: _____ Occupation: _____

Work Telephone: _____ May we contact you at work? Yes No

Optional Information

Gender: Male Female

Age Group: 18-30 31-40 41-50

51-60 61 or over



Humane Society
OF HARRISBURG AREA

Building a Better Community for Pets & People



WHY DO YOU WANT TO VOLUNTEER AND WHAT IS YOUR EXPERIENCE?

How did you learn about HSHA's Volunteer Program? (i.e. Volunteer Match, RSVP, eNewsletter, TV, Friend, etc.)

Are you required to volunteer? If yes, please explain. _____

Why you would like to become a volunteer at HSHA? _____

Do you have any prior experience as a volunteer? If yes, please describe organization and your duties.

Have you had any prior experience at an animal shelter/animal welfare organization or in a related field? If yes, please describe.

Do you have any companion animals of your own? If yes, please describe. _____

Are your companion animals spayed/neutered? If no, please explain. _____

Volunteering at HSHA involves frequent interaction with the public and staff. How do you feel about interacting with all types of people and taking direction from others?

HSHA makes every possible effort to work with the needs (behavioral, medical, etc.) of every animal in our care. However, euthanasia is necessary in some instances. How do you feel about this?



Do you have specialized skills or training that could assist HSHA? _____

Are you certified in CPR, AED, First Aid, etc.? If so, please provide a copy of your current certificate(s) at Volunteer Orientation.

Do you have any physical, medical, emotional, or psychological limitations or disabilities that may affect your ability to perform any volunteer activities independently? If yes, please describe.

Do you have any restrictions, such as work/school schedule, that may affect your availability to volunteer each week throughout the year? If yes, please explain.

REFERENCES

Please list three personal and/or professional references.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

In case of emergency, whom should we notify?

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Work Telephone: _____



VOLUNTEER TEAMS

Which volunteer team(s) are you interested in joining? Please realize that each team involves an average of a 2-hour/week commitment, so be careful to not over-commit yourself.

- | | | |
|---|--|---|
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Cat Snuggler - Zoomania | <input type="checkbox"/> Cat Socializer - HSHA |
| <input type="checkbox"/> Cut/Sew Team | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Dog Walker - Zoomania |
| <input type="checkbox"/> Dog Walker - HSHA | <input type="checkbox"/> Donation Pick-Up | <input type="checkbox"/> Evening Cat Room Attendant |
| <input type="checkbox"/> Events Team | <input type="checkbox"/> Groomer Transport | <input type="checkbox"/> Groundskeeper/Landscaping |
| <input type="checkbox"/> Kong & Bucket Team | <input type="checkbox"/> Laundry Team | <input type="checkbox"/> PetFinder Team |
| <input type="checkbox"/> Pet of the Week/Media Transport Team | | <input type="checkbox"/> Receptionist Volunteer |
| <input type="checkbox"/> Post Adoption Follow-Up Team | | <input type="checkbox"/> Vaccine Clinic |

VOLUNTEER AGREEMENT

A SIGNATURE ACKNOWLEDGING THIS AGREEMENT IS REQUIRED TO VOLUNTEER

By signing below, I hereby accept a position as a volunteer for the Humane Society of Harrisburg Area, Inc., upon the following terms, conditions, and understandings.

TERMS AND CONDITIONS

1. My services to the Humane Society are provided strictly in a voluntary capacity as a volunteer and without any express or implied promise of salary, compensation, reimbursement, or other payment of any kind whatsoever.
2. My services are furnished without any employment-type benefits, including, but not limited to, employment insurance programs, worker's compensation accrual in any form, vacations, or sick time.
3. I will familiarize myself and comply with the Humane Society's policies and procedures applicable to volunteers. In particular, I fully understand that the Humane Society expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a volunteer.
4. I understand that the Humane Society, without notice or hearing, may terminate my services as a volunteer at any time with or without reason.

RELEASE

1. I understand the risk of harm presented by the handling of animals and other volunteer activities on behalf of the Humane Society. I further understand that volunteer activities may place me in situations that could result in injury to me or my personal property due to the unpredictable nature of animal behavior and interaction of animals that come into the Humane Society's care, custody, and control. On behalf of myself, and my heirs, personal representatives, and assigns, I hereby release, discharge, indemnify, and hold harmless the Humane Society and its directors, officers, employees, and agents from any and all claims, causes of action, and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities on behalf of the Humane Society.



2. Understanding that public relations is an important part of a volunteer's activities on behalf of the Humane Society, I hereby authorize the Humane Society to use any photographs of me, acting within my capacity as a volunteer, in its possession for public relations purposes. I ask that the Humane Society use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purposes.

VOLUNTEER ACKNOWLEDGMENT

1. The volunteer handbook, which is available on HSHA's Volunteer Website, describes important information about the Humane Society of Harrisburg Area, Inc., and I understand that I should consult the Volunteer Coordinator regarding any questions not answered in this handbook.
2. Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official departmental memos, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Volunteer Department of the Humane Society in conjunction with the Executive Director and the Board of Directors has the ability to adopt any revisions to the policies in this handbook.
3. Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EUTHANSIA ACKNOWLEDGMENT

1. The Humane Society is an open admission shelter. By accepting all animals, not just healthy and adoptable animals, as a volunteer I recognize that euthanasia is part of the environment at our shelter.
2. I understand euthanasia decisions are not made lightly.
3. I understand that I am not allowed to contact any rescues, shelters, or individuals on behalf of HSHA. I can however give information to the Volunteer Coordinator.

MEDIA ACKNOWLEDGMENT

1. I understand that all media inquiries at both shelters should be directed to the Director of Public Relations or Executive Director.
2. I understand that all correspondence from HSHA to the media should come from the Director of Public Relations or Executive Director. Staff and/or volunteers should never contact any media regarding any HSHA issues.
3. I understand that all campaigns, press releases, appeals, marketing materials, donation jars, Web sites, etc. are created, distributed and managed by HSHA administration. Staff and/or volunteers should not distribute materials such as these on behalf of HSHA without permission.

Volunteer Name (printed)

Volunteer Signature / Date

