

For Office Use
Date Reviewed:
Orientation Date:
Volunteer Partner:

Mail Form to:
Sioux Falls Area Humane Society
ATTN: Volunteer Coordinator
3720 E. Benson Road
Sioux Falls, SD 57104
*Please use proper postage
according to weight*



Junior Volunteer Information

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone (best number to reach Junior Volunteer): _____

Junior Volunteer Email: _____

Birth Date: ____/____/____ Age: _____ **(Must be 12-15)**

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____ Parent/Guardian Email: (required) _____

Emergency Contact (Name and phone number): _____

Parents/Guardians ARE REQUIRED to come volunteer with the Junior Volunteer Applicants and must complete a Volunteer application for themselves (attached).

Junior Volunteer Availability and Interest

1. Are you able to volunteer at least 2 hours per month every month?

2. Do you have animal allergies or sensitivities we should be aware of, such as cleaning supplies or outdoor allergies? _____
3. Why would you like to be a Junior Volunteer at the Sioux Falls Area Humane Society? What made you decide to sign up for this program?

4. Are you active in any other extracurricular activities or volunteer programs? If yes, please list.

5. Do you currently have any pets? If so what kind? _____

Volunteer Policy and Agreements

Please understand that everything will be done to prevent accidents from happening, but there is always a chance that your child may be injured while volunteering. The Sioux Falls Area Humane Society is not responsible for any injuries that may occur.

Junior Volunteer Initials: _____ Parent Initials: _____

Confidentiality: Volunteers and Junior Volunteers are to keep all Humane Society matters confidential, and refrain from speaking to any type of media unless approval is received from the executive director.

Junior Volunteer Initials: _____ Parent Initials: _____

Parents/Guardians ARE REQUIRED to come volunteer with the Junior Volunteer Applicants. Junior Volunteers are not allowed to be on the premises without a parent/guardian that has gone through training. Parents/Guardians must be at least 18 years of age.

Junior Volunteer Initials: _____ Parent Initials: _____

There are rules and procedures in place to continue the success of the Junior Volunteer. These rules will be explained to both Junior Volunteer and Volunteer partner. If these rules cannot be followed, the Junior Volunteer will be asked to discontinue the program. These rules are set in place for safety reasons and must be followed.

Junior Volunteer Initials: _____ Parent Initials: _____

****The Sioux Falls Area Humane Society reserves the right to decline any volunteer application for any reason. This may include, but is not limited to any area where there is a conflict of interest or incomplete application.**

Junior Volunteer Signature: _____

Parent/Guardian Signature: _____ Date: _____

PARENT CONSENT, WAIVER AND RELEASE

CHILD'S FIRST & LAST NAME: _____

Address: _____ City, State: _____

Zip Code _____ Age at time of application: _____

Emergency Phone Number(s): _____

Hospital or Clinic: _____

Physician: _____

Phone number of clinic/hospital: _____

It is agreed that all risks attendant to watching and/or participating in shelter activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by the signature hereto. The Sioux Falls Area Humane Society will not take liability for any injuries sustained during activities.

I hereby certify that the above named participant is physically able to participate in the Junior Volunteer program, and that I know of no physical impairments which would in any manner limit his/her participation in such a program. I hereby grant permission for:

*In consideration for honoring the participant's request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge the Sioux Falls Area Humane Society, its Board of Trustees, its respective entities, administrators, members, volunteers, employees, or agents from any claims that I might have myself or could bring on the participants behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant's participation in this activity. I grant full permission to any and all of the foregoing to use my name, photographs, video, or other recordings of our participation in volunteer activities for any lawful purpose without obligation or liability to me. _____ **Initials***

*I also hereby agree to save, hold harmless, and indemnify the Sioux Falls Area Humane Society, its Board of Trustees, and/or its respective entities, administrators, members, employees, volunteers, or agents against any and all claims, including claims of negligence or failure to supervise, which the participant might bring against them as a result of his or her participation in the above activity. _____ **Initials***

I recognize that this Release means that I am giving up, among other things, rights to sue the Sioux Falls Area Humane Society its Board of Trustees, its respective entities, administrators, volunteers, members, employees, agents for injuries, damages or losses that my child may incur.

Parent or Guardian Signature: _____

Date _____

Waiver must be filled out each year. If not renewed, child will not be able to participate in the program.

Junior Volunteer Program Medical Form

MEDICAL INSURANCE INFORMATION (REQUIRED):

COMPANY NAME:

COMPANY ADDRESS:

PHONE#:

GROUP#:

ID#:

MEDICAL HISTORY: IF PERTINENT (INCLUDING, BUT NOT LIMITED TO, INJURIES, SURGERIES, ALLERGIES)
Write "NONE" if Not applicable:

MEDICATIONS: *Write "NONE" if Not applicable:*

OTHER SPECIAL CONSIDERATIONS (E.G., DIETARY NEEDS) OR ACCOMMODATIONS *Write "NONE" if Not applicable:*

EMERGENCY CONTACT INFORMATION- REQUIRED

PARENT OR LEGAL GUARDIAN'S SIGNATURE:

DATE:

PARENT/ GUARDIAN NAME:

PHONE#:

PARENT/ GUARDIAN NAME:

PHONE#:

Office Use Only

Date entered: _____ Renew Date: _____

Person entering: _____

Parent/Guardian Application: Volunteer Contact Info

YOU MUST BE 18 YEARS OF AGE OR OLDER TO VOLUNTEER WITH A JUNIOR VOLUNTEER

**Required Information. Please print legibly.*

*Full Legal Name:

*Address:

City, State: _____ *Zip Code: _____

*Phone: _____

(all communication is through email, if no email is written down you may be missed being contacted)

****Email: _____

Birth Date: ____/____/____ Age: _____

Employer:

Work Phone: _____ Are you able to be contacted at work? _____

Who can we notify in case of emergency (include name and phone number):

Volunteer Information

Please fill out in its entirety, questions left blank or incomplete can result in a denied application

Do you currently have pets? _____ Yes _____ No

If yes, are they spayed or neutered? _____ Yes _____ No

Were you ever, or are you now, actively involved with any animal welfare organizations?

Are you currently involved with the breeding of animals?

Please explain your feelings on breeding pets.

Do you have any specific skills, volunteer experience, or training pertaining to the care of pets?

Have you ever been convicted of a crime? (if yes, please explain)

Since we are an open admission shelter, do you understand that under certain circumstances, we may have to euthanize pets?

Please explain your feelings about euthanasia.

Parent/ Guardian Volunteer Program Medical Form *(required)

MEDICAL INSURANCE INFORMATION:

COMPANY NAME:

COMPANY ADDRESS:

PHONE#:

GROUP#:

ID#:

MEDICAL HISTORY: IF PERTINENT (INCLUDING, BUT NOT LIMITED TO, INJURIES, SURGERIES, ALLERGIES)
Write "NONE" if Not applicable:

MEDICATIONS: *Write "NONE" if Not applicable:*

OTHER SPECIAL CONSIDERATIONS (E.G., DIETARY NEEDS) OR ACCOMMODATIONS *Write "NONE" if Not applicable:*

EMERGENCY CONTACT INFORMATION

PARENT OR LEGAL GUARDIAN'S SIGNATURE (16-18-year-old):

DATE:

PARENT/ GUARDIAN NAME:

PHONE#:

PARENT/ GUARDIAN NAME:

PHONE#:

Office Use Only

Date entered: _____ Renew Date: _____

Person entering: _____

Volunteer Policies and Agreement

1. The Sioux Falls Area Humane Society does not adopt out wolf hybrids or feral cats, as proper screening and placement of these animals far outweighs our resources as a shelter.
Please initial here: _____
2. The “**Volunteer Visitor Policy**” states that, volunteers may only show visitors around the public areas of the building during normal business hours when the kennels are open.
Please initial here _____
3. It is important that volunteer attendance is consistent and meets the minimum time commitment of **4 hours per month, for 6 months**. Should you find the nature of this volunteer work is not what you expected, or, that you can’t achieve the minimum hours for any other personal reason – you need to inform the Volunteer Coordinator so your records are updated accordingly. This may require you to attend all training **AGAIN** should you want to volunteer in the future. These policies are in place to ensure volunteers are confidently trained – thus lessening the chances of injury.
Please initial here: _____
4. A monthly volunteer newsletter called “**The Pet Scoop**” is published and emailed to volunteers. Reading this newsletter is one of your responsibilities as a volunteer. Though you may not be interested in the upcoming event articles, or even reading the fun articles, there **are** reminders of policies and other important information that need to be read by all volunteers.
Please initial here: _____
5. An up-to-date **TETANUS** vaccine is recommended, in the event that you are bitten or scratched. **TETANUS** vaccines need to be updated every 10 years. It may be obtained by your physician at your own expense.
Please initial here: _____
6. Any driving done when volunteering for the Humane Society, such as traveling to and from errands or Special Events, is done so under normal personal risks. If you get in an accident – the Humane Society does **NOT** have insurance that would cover any expense of the accident.
Please initial here: _____
7. As a volunteer for the Sioux Falls Area Humane Society, you will be working with animals with unknown and unpredictable characteristics and dispositions, and will be subjecting yourself to various work conditions. You hereby assume the risk of any injury that may result from your volunteer services at the Sioux Falls Area Humane Society. There are no workman’s comp or disability benefits for injured volunteers. **BY SIGNING THIS APPLICATION:** You, intending to be legally bound for yourself, heirs, executors, and administrators, release the Sioux Falls Area Humane Society, its officers, directors and staff from any and all rights and claims for damages you may have arising out of any injuries or illnesses suffered by yourself or your pet’s incidental to your volunteer services.
Please initial here: _____
8. Confidentiality: Volunteers are asked to keep all Sioux Falls Area Humane Society matters confidential, and this includes refraining from speaking with any type of media, unless you have received approval from the Executive Director. A breach of confidentiality is a serious infraction of the SFAHS policy and will result in termination of your participation in the SFAHS Volunteer Program.
Please initial here: _____
9. Volunteers who are minors (under 18) are not allowed to bring others who are not registered volunteers. This policy includes friends, children, and relatives. Children under the age of 16 are not allowed to volunteer without a parent or guardian with them. Guardians must be a registered volunteer and at least 18 years of age.
Please initial here: _____

In the event that I become a member of the Sioux Falls Area Humane Society Volunteer Program, I agree to abide by all present and subsequently issued rules of the Sioux Falls Area Humane Society.

Parent/Guardian Signature _____ Date: _____

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