

For Office Use	
Dates Contacted:	_____
Result:	_____
Orientation Date & Time:	_____
<input type="checkbox"/>	Information added to PP & DP
<input type="checkbox"/>	Email added to email list

Today's Date _____

YOU MUST BE 16 YEARS OR OLDER TO VOLUNTEER.

Volunteer Contact Info

**Required Information
Print cleanly and clearly*

*Full Legal Name: _____

*Address: _____

City: _____ State: _____ *Zip: _____

*Phone: _____ *(all communication is through email, if no email is written down you may be missed being contacted)* *****Email: _____

Birth Date: ___/___/___ Age: ___ If under 18, name of parent or guardian: _____

Employer: _____

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

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

1. Do you feel you are able to make and meet the requested minimum of 4 hours a month for at least 6 months?

2. Please put an **X** (check) next to the volunteer programs that you are interested in:

- | | |
|-------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Shelter Crew | <input type="checkbox"/> Bath Buddies (Grooming) |
| <input type="checkbox"/> Morning Dog Walking | <input type="checkbox"/> Matchmakers (Adoption Assisting) |
| <input type="checkbox"/> Small Animal Socialization | <input type="checkbox"/> Event Hoppers (Event Prep) |
| <input type="checkbox"/> Cat Cuddling & Socialization | <input type="checkbox"/> Shelter Ambassadors (Special Events) |
| <input type="checkbox"/> Dog Walking & Training | |

Do you currently have pets? _____ Yes _____ No If yes, are they spayed or neutered? _____ Yes _____ No

Tell us about yourself, why would you like to volunteer at the Sioux Falls Area Humane Society?

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.

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.

Signed: _____

Parent/Guardian Signature if under 18: _____

Date: _____

****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.**

Remit to:

Sioux Falls Area Humane Society
Volunteer Coordinator
3720 E. Benson Road
Sioux Falls, SD 57104