



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

For Office Use

Date Reviewed:
Orientation Date:
Volunteer Partner:

Junior Volunteer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (best number to reach Jr. volunteer): _____

Jr. Volunteer Email: _____

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

Parent Names: _____

Parent Phone: _____ Parent Email: (required) _____

Emergency Contact (Name and phone number): _____

Parents/Guardians ARE REQUIRED to come volunteer with the JR Volunteer Applicants.

Junior Volunteer Availability and Interest

1. Are you able to volunteer at least 2 hours per month? _____
2. Are there any animal allergies that we should be aware of? _____

3. Are there any environmental allergies or sensitivities we should be aware of, such as cleaning supplies or outdoor allergies? _____

4. Why would you like to volunteer with the Sioux Falls Area Humane Society? _____

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

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

7. What made you decide to sign up for Junior Volunteers? _____

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 no responsible for any injuries that may occur.

Jr Volunteer Initials: _____ Parent Initials: _____

Confidentiality: Volunteers and Junior Volunteers are asked to keep all Humane Society matters confidential, refrain from speaking to any type of media unless received approval from executive director. Jr. Volunteer Initials: _____ Parent Initials: _____

Parents/Guardians ARE REQUIRED to come volunteer with the JR Volunteer Applicants. Jr Volunteers are not allowed to be on the premise without a parent or Guardian that has gone through training.

Jr. Volunteer Initials: _____ Parent Initials: _____

There are rules and procedures in order to have the Jr. Volunteer program succeed and continue. These rules will be explained to both Jr. Volunteer and Volunteer partner. If these rules can not be followed by volunteers Jr. Volunteer will be asked to discontinue the program. These rules are set in place for safety reasons and must be followed.

Jr. Volunteer Initials: _____ Parent Initials: _____

Signature: _____

Parent/Guardian Signature: _____

Date: _____

DOG WALKING

Purpose: Give dogs a chance to exercise, get fresh air, and socialize with people. Volunteers can show Jr. Volunteers how to properly walk dogs and use proper safety with dogs.

Volunteer Duties:

- Patience must be used with Jr. Volunteer and dog.
- Must always be holding the leash (using two leashes is allowed as long as Volunteer always has control of the dog). Volunteers are to get dog in and out of kennel.
- Dogs must be kept separate unless kenneled together.
- Must ensure that dog they are walking has no age restrictions with children.
- Make sure you are 100% comfortable with dog you are taking outside.
- Must keep in mind what Jr. Volunteer is comfortable with (example: if Jr. Volunteer is only comfortable with small dogs, no large dogs are to be taken out while with Jr. Volunteer)
- Make sure you are wearing your nametag and that poop-bags are grabbed
- Report any scratch, bite, or nip
- Only walk dogs that are available for adoption
- Report any signs of illness
- Return dog to its original kennel

Jr. Volunteer Duties:

- Make sure Volunteer is ALWAYS holding the leash. You are able to hold leash if two leashes are used while walking.
- Make sure dogs are kept separate since some dogs do not like others.
- Make sure Volunteer is aware of what dogs you are comfortable around. If you are scared or not wanting to walk with a particular dog, please inform Volunteer.
- Make sure poop-bags are grabbed before going outside and that dogs are being cleaned up after
- If a dog is playing too rough with you inform Volunteer so dog can be taken inside
- Keep an eye on the dog for signs of sickness (just like people animals catch colds easily look for runny nose, watery eyes, lots of sneezing or coughing). If you see what looks like a cold make sure staff member is told so animal can be given medicine.
- Make sure dog goes in correct kennel.
- Make sure to approach dog calmly and allow it to sniff your hand before petting. Remember not to get in dog's face or roughly handle them. Do not look directly into dog's eyes, it can be threatening to dogs.

Jr. Volunteer Signature: _____

Parent Signature: _____

CAT CUDDLING

Purpose: Reduce stress of cats by giving them a chance to stretch their legs and play. Volunteers can show Jr. Volunteers how to handle cats and use proper safety with cats.

Volunteer Duties:

- Patience must be used with Jr. Volunteer and cat.
- Volunteers are to get the cat in and out of kennel.
- Cats must be kept separate unless kenneled together.
- Must ensure that cat they are interacting with has no age restrictions with children.
- Make sure you are 100% comfortable with cat you are taking out. If cat is acting scared do not handle cat with Jr. Volunteer.
- Must keep in mind what Jr. Volunteer is comfortable with.
- Make sure you are wearing your nametag
- Report any scratch, bite, or nip
- Only play with cats that are available for adoption
- Report any signs of illness
- Return cat to its original kennel

Jr. Volunteer Duties:

- Make sure you are not the one getting the cat out of the kennel
- Make sure if cat is hissing, growling or acting aggressive you avoid handling the cat.
- If a cat is playing too rough with you inform Volunteer so cat can be put back in kennel
- Keep an eye on the cat for signs of sickness (just like people animals catch colds easily look for runny nose, watery eyes, lots of sneezing or coughing). If you see what looks like a cold make sure staff member is told so animal can be given medicine.
- Make sure cat goes in correct kennel.
- Make sure to approach cat calmly and allow it to sniff your hand before petting. Remember not to get in cat's face or roughly handle them.
- Make sure you are giving loving attention and not rough playing. You are able to brush the cats as long as you are gentle.
- If cat has low water you are able to refill it. Make sure kennel is tidy.

Jr. Volunteer Signature: _____

Parent Signature: _____

SMALL ANIMALS

Purpose: Socialize with small animals and give them a chance to get some exercise. Volunteers can show Jr. Volunteers how to handle small animals and use proper safety.

Volunteer Duties:

- Patience must be used with Jr. Volunteer and animal.
- Volunteers are to get the animal in and out of cage.
- Make sure you are 100% comfortable with animal you are taking out.
- Must keep in mind what Jr. Volunteer is comfortable with.
- Make sure you are wearing your nametag
- Report any scratch, bite, or nip
- Only play with animals that are available for adoption
- Return animal to its original kennel
- Small animals are not to be taken out of the room. If small animal gets loose make sure to close the room door to avoid it escaping further.

Jr. Volunteer Duties:

- Make sure you are not the one getting the animal out of the cage
- If you do not feel comfortable with certain animal, please inform Volunteer
- Make sure animal goes in correct cage
- Make sure to approach animal calmly. Remember not to get in animal's face or roughly handle them.
- Make sure you are giving loving attention and not rough playing.
- If animal has low water you are able to refill it.

Jr. Volunteer Signature: _____

Parent Signature: _____

CLEANING

Purpose: Assist staff in providing animals with a clean environment. These tasks can be performed with approval and staff supervision. Volunteer is not necessary for all tasks listed.

Volunteer Duties:

- Assist Jr. Volunteer with cleaning duties that are needed around the humane society. Make sure everything is done safely.

Jr. Volunteers Duties:

- Ask staff what cleaning is needed. They will show you where supplies are and what is needed to be done.
- Sweeping and mopping halls – this could be public or staff areas. This is very essential since some animal disease are carried in from the ground outside and can be brought in on our shoes. Volunteer not required.
- Washing windows – this could be public or staff areas. This is also very essential since germs can be carried easily if an animal is sneezing or people are not sanitizing hands. Volunteer not required.
- Tidying ‘get acquainted’ rooms – make sure they are clean, have toys and chairs. Allows people to comfortably spend time with animal they may want to adopt. Volunteer not required.
- Doing laundry – laundry is done daily. May be just folding or putting in the needed kennel areas for storage. Volunteer not required.
- Poop-duty – cleaning poop up from outside. Once again some diseases are carried in the ground and in dog poop. Don’t want people tracking poop inside and possibly getting dogs sick. Must have Volunteer present.
- Cleaning up play yards – make sure play yards have toys, poop-bags, and there are no holes in the fence. Must have Volunteer present.
- Yard work that may be done (seasonal) – clearing sidewalks of snow, picking up sticks and rocks, looking for holes in walking trails, and pulling weeds. Must have Volunteer present.

Jr. Volunteer Signature: _____

Parent Signature: _____

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



<u>For Office Use</u>
Dates Contacted: _____
Result: _____
Orientation Date & Time: _____

Today's Date _____

YOU MUST BE 18 YEARS OR OLDER TO VOLUNTEER WITH JR 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 2 hours a month for at least 6 months?

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