

Herkimer County Humane Society
“Providing a safe haven for animals since 1913.....”
 P.O. Box 73 * 514 State Route 5S * Mohawk, NY 13407
 Phone (315) 866-3255 * Website www.herkhumane.org



VOLUNTEER APPLICATION

The Herkimer County Humane Society (HCHS) is a not-for-profit organization, NOT a county run agency, funded primarily through donations. We depend almost entirely on volunteers and community support. Volunteers help in every aspect of the Humane Society: fundraising, education, membership, newsletters, finances, publicity, shelter improvements, animal care, and grant writing. We welcome the participation of those willing to represent our organization in accordance with our values.

All potential volunteers will be screened prior to placement. Volunteers must be at least 14 years of age, and responsible to work without constant shelter supervision. HCHS volunteers under 16 years of age, must be accompanied by an adult. You will be required to sign a Hold Harmless Agreement and a Parent/Guardian Consent Form (if under 18 years of age).

Name	Postal Address	Phone	
Email Address	Date of Birth	What type of Volunteer are you interested in?	
		Board	Volunteer

How did you hear about the HCHS?

Why are you interested in volunteering?

What do you hope to gain from a volunteer experience at the HCHS?

Are you able to volunteer regularly each week: YES _____ NO _____

Monday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Do you have any limitations or restrictions that would prevent you from performing volunteer duties?
 YES _____ NO _____

If yes, please explain: _____

What accommodations will be needed? _____

Describe any experience you have dealing with animals, shelter activities, and/or volunteer activities:

Please mark your interests and return the form to the Humane Society:

Volunteer Activities											
<input type="checkbox"/>	Adoption Clinics	<input type="checkbox"/>	Fund Raising Events								
<input type="checkbox"/>	Dog Walking	<input type="checkbox"/>	Cat Socialization								
<input type="checkbox"/>	Research and Write Grants	<input type="checkbox"/>	Gardening – Grounds Work								
<input type="checkbox"/>	Animal Grooming	<input type="checkbox"/>	Humane Education Opportunities								
<input type="checkbox"/>	Parades	<input type="checkbox"/>	Shelter Greeter								
<input type="checkbox"/>	Shelter Cleaning	<input type="checkbox"/>	Shelter Maintenance/Repair								
<input type="checkbox"/>	Nursing Home Visits	<input type="checkbox"/>	Animal Photography								
<input type="checkbox"/>	Pick up Supplies	<input type="checkbox"/>	Assist with Marketing/Advertising								
<input type="checkbox"/>	Newsletter Articles	<input type="checkbox"/>	Facebook/Web Administration								
<input type="checkbox"/>	Research and Write Grants	<input type="checkbox"/>	Office Work								
<input type="checkbox"/>	In-home Foster Care:	<input type="checkbox"/>	Dogs	<input type="checkbox"/>	Puppies	<input type="checkbox"/>	Cats	<input type="checkbox"/>	Kittens	<input type="checkbox"/>	Mother & Babies

***Mail to: Herkimer County Humane Society, P.O. Box 73, Mohawk, New York 133407
 Attention – Volunteer Coordinator***

Herkimer County Humane Society

HOLD HARMLESS AGREEMENT

The undersigned does hereby agree to hold harmless the Herkimer County Humane Society and its employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising from the actions of the undersigned in the course of volunteering at the Herkimer County Humane Society.

VOLUNTEER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

DATE

Herkimer County Humane Society

YOUTH VOLUNTEER PARENTAL CONSENT FORM

In order for your child to become a volunteer with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like HCHS to continue the process of considering your child as a volunteer.

Note: This Parental Consent Form must be filled out for all volunteers under age 18.

Children under the age of 16 may not volunteer at/for HCHS without the supervision of a parent, guardian or other responsible adult chaperone.

Name of youth volunteer:

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for him/her to serve in that capacity, if accepted by the agency. I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including adherence to HCHS Shelter and Volunteer policies and procedures. I understand that he/she will not receive monetary compensation for the volunteer services contributed.

Parent/Guardian Signature:

Nature of relationship to volunteer: _____

Date: _____