



# Volunteer Application

Humane Society of Harford County  
 2208 Connolly Rd  
 Fallston, MD 21047  
 Tel 410-836-1090 / Fax 410-877-3788  
 volunteer@harfordshelter.org  
 www.harfordshelter.org

## How do I volunteer?

The Humane Society of Harford County, Inc. (HSHC) values its Volunteers tremendously! Our volunteers help make our shelter successful.

Steps to becoming a volunteer:

1. Complete the volunteer application by printing clearly. Return your completed application during regular shelter hours, fax it to 410-877-3788, or mail it to HSHC, Attn: Volunteer Coordinator, 2208 Connolly Rd, Fallston, MD 21047.
2. Attend the next Volunteer Orientation session (typically held the first Wednesday of each month at the shelter from 6:30pm – 7:30pm). After receiving your application, the volunteer coordinator will contact you and invite you to attend orientation.
3. Attend an Animal Handling class. You will be given the date of the next Animal Handling class when you are at orientation.
4. Attend additional training classes as required for specific activities.

*Please note:* We require that all Volunteers commit to a minimum of 2 hours a month for 6 months.

Thank you for contacting us! We look forward to working with you.

## Section One: Information about you:

There are two types of volunteers: short-term and long-term. Please indicate which type of volunteer you are.

- Short-term volunteers are those folks that need to earn a few community service hours for school, church, or a club. We have a list of acceptable projects that you may complete for us to earn your hours. If you are interested in short-term volunteering, **COMPLETE PAGES 1 & 5 ONLY** of this application.  
*If the court system has asked you to do community service, **STOP**, and call Ms. Roxanne Gump at 410-836-1090, x102 to **SCHEDULE AN APPOINTMENT**.*
- Long-term volunteers are those folks that want to be with us for at least 6 months. If you intend on becoming a long-term volunteer, **COMPLETE THE ENTIRE** application.

Today's Date:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Date of Birth:
Street Address:	E-mail Address:
City, State, Zip	Home telephone:
Work telephone:	Cell telephone:
How did you hear of the HSHC Volunteer Program?	

If you are here through a volunteer program with another agency, please indicate the following:	
Agency:	Address:
Name of Contact Person:	Telephone:
Please list a contact in case of an emergency. If you are under 18, this person must be a parent or guardian:	
Name:	Relationship:
Work telephone:	Home phone:
Cell phone:	
Do you know any HSHC volunteers?	
Name:	Relationship:
Name:	Relationship:
Have you ever been a volunteer at HSHC before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	
If yes, what was your reason for leaving?	
Have you adopted an animal from HSHC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who did you adopt, and when?	
Are you a member of any other animal welfare organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how do you participate?	

Why would you like to volunteer with HSHC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section Two: Background:**

Have you had any formal education/training in pet care or animal welfare?	
Where:	When:
Type of education/training:	
Have you done any other volunteer work?	
Where:	When:
Type of work performed:	

**Section Three - Areas of volunteer interest (please check all that apply):**

- Dog Walking and Training
- Cat Cuddling
- Foster Care
- Adoption Counselor
- Grounds and Building Maintenance & Improvement
- Clerical/Office
- Donation Transporter
- Digital Photography & Biographer
- Educational
- Greeter
- Fundraising Support
- Event Staffing

**Section Four - Areas of Expertise:**

Please indicate if you have any prior experience in the areas you've checked: \_\_\_\_\_

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Please indicate if you have an area of professional expertise that could be helpful. Almost any skill-from plumbing to publishing and advertising to nursing-can often be a great help.

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**Section Five - Computer and Online Activity:**

Since we are using the Internet to keep in touch, please check any of the following that apply:

- I am computer literate.
- I am active on the web.
- I participate frequently in online newsgroups, forums, etc.
- I'm able and willing to print and distribute information to non-Internet members.

Please note, children under 18 years of age must be accompanied by an adult when volunteering at the shelter and no more than three children per adult. For their safety, EVERY child under 10 must EACH be accompanied by an adult.

We need to have separate applications for each person.



## Volunteer Agreement

Humane Society of Harford County  
2208 Connolly Rd  
Fallston, MD 21047  
Tel 410-836-1090 / Fax 410-877-3788  
volunteer@harfordshelter.org  
www.harfordshelter.org

When becoming a Humane Society of Harford County, Inc. (HSHC) volunteer, you will be required to abide by the terms of our Volunteer Agreement. The agreement below details what HSHC will expect of you, and what you can expect of HSHC.

If accepted as a HSHC volunteer, my signature below indicates that I have read, understand and agree to the following:

- I will treat all animals and other volunteers with respect and I will work as a team member with all volunteers.
- I will abide by all HSHC policies and procedures.
- I agree to be supervised by the appropriate Supervisors and Team Leaders and will report any problems that arise directly to the appropriate Team Leader and the Volunteer Coordinator.
- I understand the possible risk of bringing home illnesses from the Shelter to personal pets or vice versa and must have current vaccinations for animals at home.
- I understand the potential safety risks of working with animals and that I may not bring friends or relatives with me while working at the shelter facility.
- I am current on my tetanus vaccination and covered by a health insurance plan.
- I agree to work for a minimum of six months unless I am removed or terminated from the program. I understand that HSHC relies on me to be present for all of my scheduled shifts. If I am unable to fulfill my scheduled shift, I will provide advance notice to the Volunteer Coordinator and appropriate Team Leader.
- I authorize HSHC staff to seek emergency medical treatment for me in case of accident, injury or illness.
- I agree to indemnify and hold harmless HSHC, its Board of Directors, officers, agents, and employees from and against any and all liability and whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by HSHC, its Board of Directors, officers, agents, and employees.
- If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by HSHC from time to time, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the sole discretion of the Executive Director, the Volunteer Coordinator or other Senior Managers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18, Signature of Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_



## Volunteer Waiver and Release of Liability

Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-Mail (do not supply if you don't check regularly) \_\_\_\_\_

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I, the undersigned, agree to release, discharge, indemnify and hold harmless The Humane Society of Harford County, Inc. (HSHC), its officers, directors, and employees from any and all claims, demands, losses, costs, liabilities, damages, expenses and suits at law or in equity that may arise out of my performing services for the HSHC, its officers, directors or employees.

I recognize that in handling animals while performing services for the HSHC, there exists a risk of injury including, but not limited to, personal physical harm. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify and hold harmless the Humane Society of Harford County, Inc., its officers, directors, and employees from any claims, demands, losses, costs, liabilities, damages and expenses connected with my services to the HSHC or my participation agreement whether caused directly or indirectly by any negligence (active or passive) attributable to the HSHC, its officers, directors, or employees.

I have read and fully understand the terms and conditions of this Volunteer Agreement, Waiver and Release of Liability and I agree I will comply with same.

**HSHC MAKES NO REPRESENTATIONS CONCERNING ANY ANIMAL'S EXPOSURE TO RABIES OR OTHER DISEASES.**

As a Volunteer with the Humane Society of Harford County, Inc. animal programs, I fully understand that the shelter does not provide participants with medical insurance, workers' compensation, or automobile liability insurance coverage.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the participant is younger than 18 years of age, the parent/legal guardian shall agree to the following:**

As a parent or legal guardian of the above named person, I hereby give my consent to allow the undersigned to volunteer with the Humane Society of Harford County, Inc. and comply with the conditions of this Volunteer Agreement, Waiver and Release.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_