

Gloucester-Mathews Humane Society

Please return application to: GMHS, P. O. Box 385, Gloucester, VA 23061

Youth Volunteer Application (14-17 years of age)

You must be 14-17 years of age, have health insurance, proof of an up-to date tetanus vaccination and ONE letter of recommendation to participate in the GMHS Youth Volunteer Program

(Please Print)

Name: _____ Date: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Cell Phone) _____

E-mail: _____ Date of Birth: _____

Parent/Guardian Name _____ Phone _____

In case of emergency contact: _____ Phone _____

Do you have any limitations (heavy lifting, limited walking, allergies, etc.)? No Yes

If yes, please indicate: _____

Please list any previous volunteer experience (or relevant work experience): _____

Please summarize your experience with animals: _____

Are you doing court ordered community service? Yes No

**Information regarding the community service must be included with application.*

Have you ever volunteered in the past at GMHS? If yes, when? _____

Please list any special skills that you have that our organization may find helpful:

Please provide one non-relative reference and their contact information: (Your reference must provide a letter of recommendation on your behalf)

1. Name _____ Phone Number _____

Office Use Only

Contact Date: _____ email phone in person

Date **ATTENDED** orientation: _____

Additional Notes: _____

DO NOT ENTER INTO VOLUNTEER DATABASE UNTIL APPLICANT HAS ATTENDED ORIENTATION

Application entered into volunteer database by _____ (initial)

**GLOUCESTER-MATHEWS HUMANE SOCIETY
YOUTH VOLUNTEER SERVICES RELEASE**

I agree to release, discharge, indemnify and hold the Gloucester-Mathews Humane Society harmless for any and all damages to my personal property while performing as a VOLUNTEER in a VOLUNTEER CAPACITY any and all duties for the GMHS. I recognize that there exists a risk of injury or sickness, including personal injury or harm in handling animals at the GMHS in a volunteer capacity. I acknowledge that I am not to handle the animals unless I have been instructed to do so. I recognize there are certain chemicals that I may come in to contact with including, but not limited to, chlorine bleach, canine and feline dips, powders and shampoos. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless the GMHS, its agents, affiliates, employees and Board of Directors from any and all claims, causes of action or demands, or any nature or cause connected with the Volunteer Services. This is to include any costs and attorneys fees incurred by the GMHS related to damages incurred or sustained by me in any way in connection with my Volunteer Services. Such damages or injuries might include, but are not limited to animal bites, accidents, injuries and personal property damage.

I further understand that public relations are an important part of volunteering at GMHS. I agree, therefore, on behalf of myself, my heirs, personal representatives, and executors to allow the GMHS to use any photograph or video taken of me for use in a public relations effort. Any photographic images or videotapes in which I appear will become the property of the GMHS which can use them in any and all ways it sees fit. The GMHS will use reasonable efforts to notify me but such notification is not a pre-condition to the release of the photographs under the auspices of the GMHS.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE YOUTH VOLUNTEER SERVICES RELEASE AND THAT I WILL COMPLY WITH THE SAME.

Date:_____ Youth Volunteer:_____

PARENT OR LEGAL GUARDIAN (OF VOLUNTEERS UNDER 18 YEARS OF AGE)

As a parent or legal guardian of the above named volunteer, I hereby give my consent to allow my child/ward to perform volunteer services for the GMHS as described within the Youth Volunteer Agreement and Youth Volunteer Application.

I have read this Youth Volunteer Agreement, Youth Volunteer Application, and Youth Volunteer Services Release and fully understand and agree to all terms and conditions as set out in these three agreements and have to the best of my ability explained them to my child/ward. I have paid particular attention to the Release section herein.

Date:_____ Parent or Legal Guardian:_____

GLOUCESTER-MATHEWS HUMANE SOCIETY

TERMS AND CONDITIONS

VOLUNTEER means a person who freely chooses and renders services to the Gloucester-Mathews Humane Society (GMHS) in a voluntary capacity for a civic, charitable, or personal motive, without promise or expectation of compensation, at hours that suit their own convenience, and who do not replace employees.

VOLUNTEER CAPACITY means that actions and duties performed by a **VOLUNTEER**, which is done without expectation of, or actual payment, by the GMHS.

1. I fully understand and agree that my services are provided strictly in a **VOLUNTEER** capacity.
2. I fully understand and agree to provide my services to the GMHS as a volunteer in a volunteer capacity without any express or implied promise of salary, commission, payment or compensation of any kind whatsoever.
3. I fully understand and agree to provide my services to the GMHS as a volunteer in a volunteer capacity without any employment-type benefits, including but not limited to employment insurance programs, workers' compensation accrual in any form, or sick, holiday, or annual leaves time.
4. I fully understand that the GMHS handles large numbers of animals of unknown temperament on a daily basis. I agree to hold the GMHS harmless from any liability for any injury(s), which I might sustain from handling animals during the course of my volunteer duties.
5. I fully understand and agree to assume all risks involved in any and all duties that I perform for the GMHS in my volunteer capacity wither on-site at the shelter or off-site.
6. I agree to familiarize myself with the GMHS policies and procedures including specifically, policies and procedures for handling and treating animals safely and ethically, and to fully comply with these procedures.
7. I fully understand the GMHS expects high standards of moral and ethical treatment of the animals under its care. I agree to strictly adhere to these standards in my voluntary capacity at the GMHS.
8. I fully understand and agree that at its sole discretion GMHS may end the volunteer relationship for any reason.

I, _____, having fully read and understood the above definitions and terms, hereby agree to accept a position with the GMHS as a **VOLUNTEER** performing volunteer duties out of generous and charitable motives in a **VOLUNTEER CAPACITY**.

Gloucester-Mathews Humane Society
TETANUS STATEMENT AND MEDICAL INSURANCE

Because of the nature of duties that may be assigned during volunteering, the GMHS requires proof of an up-to-date tetanus vaccination. Please furnish a copy of such proof when submitting a volunteer application. If a pre-existing condition (allergy, etc.) would preclude you from receiving a tetanus vaccination, please consult your family physician before volunteering for more information on possible risks.

I have read and understand the above statement outlining the importance of tetanus vaccination. **I hereby agree to provide a copy of proof of vaccination to the GMHS with my volunteer application.**

Name: _____ Date: _____

Parent/Guardian: _____ Date: _____

Medical Information: You must have medical insurance to volunteer at the Gloucester-Mathews Humane Society. Please provide the following information:

Name of Insurance Company _____

Policy Number _____

Physician's name _____

Physician's telephone number _____