

DES MOINES COUNTY HUMANE SOCIETY

Volunteer Application

Volunteer Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ D/O/B: _____

Emergency Contact

In an emergency, please notify: _____

Phone: _____

Interests

Check all that apply:

- dog care
- cat care
- yard work
- fundraising activities
- public events/info
- improvement projects
- other _____

Availability

Please indicate the time when you will be available to volunteer:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Saturday _____ Sunday _____

Do you have any allergies or physical conditions that might affect your volunteer work?
If so, please describe:

Why do you want to volunteer with the DMC Humane Society? _____

What experience do you have working with animals?

Signature of Applicant: _____ Date: _____

Signature of Parent of Guardian: _____ Date: _____

*Volunteers who are under the age of 18 must have parental approval.
Volunteers who are under the age of 16 must have a parent/guardian **present** while volunteering.*

Please bring the signed Application and Agreement to the next volunteer meeting. Meeting dates and times may be checked on our website at dmchumanesociety.org or by contacting us on Facebook. If needed, you may mail your completed application to:

Des Moines County Humane Society
PO Box 822
Burlington, Iowa 52601

Information submitted to the DMCHS shall be kept strictly confidential and shall not be disseminated to any outside organizations. DMCHS reserves the right to refuse any application.

Volunteer Agreement

In consideration of this opportunity to volunteer for the Des Moines County Humane Society, I, _____, agree to the following terms and conditions, intending to be legally bonding to them:

- o I have reviewed and will abide by the mission, rules, regulations, policies and programs of the Des Moines County Humane Society while I am a volunteer.
- o My primary customers are the "animals" at the shelter and their well-being and humane treatment are foremost in the performance of all DMCHS volunteer activities.
- o I will not engage in any unsafe, illegal, or unethical activities while serving as an DMCHS volunteer.
- o I acknowledge that I am not an agent of nor have any authority to act on behalf of or bind the DMCHS.
- o As a condition of volunteering, which I acknowledge to be adequate consideration, I also agree to hold the Des Moines County Humane Society and the City Burlington harmless and enter into and additional waiver of liability contemporaneously with this Volunteer agreement.

The above conditions have been reviewed with me and I understand that I am an at will volunteer and while DMCHS may terminate my volunteer status at any time or any reason in addition to my failing to uphold these conditions.

Volunteers signature _____ Date: _____

Signature of Parent/Guardian(if volunteer is under the age of 18 years)

Liability Release Waiver

1. I recognize that while performing my services in a voluntary capacity, there exists a risk of injury, including physical harm to me. On behalf of myself, my heirs and personal representatives, I hereby release, discharge, indemnify and hold harmless the Des Moines County Humane Society, its Board of Directors, agents, servants and employees and the City of Burlington from any and all claims, causes of action or demands of any nature or cause connected with my volunteer service. This might include costs, attorney's fees, and courts costs incurred by the Des Moines County Humane Society in connection with my volunteer services based on damages or injuries which may be incurred or sustained by me in some way in the prosecution of the volunteer work. Such damages or injuries might include, but are not limited to animal bites, accidents, injuries, or personal property damage.
2. I also agree to release, discharge, indemnify and hold the Des Moines County Humane Society and the City of Burlington harmless for any and all damages to my personal property while performing my services to the Des Moines County Humane Society in a voluntary capacity.
3. If I am signing this release form as a parent or legal guardian of a minor volunteer (under 18 years of age), I hereby give my consent to allow my child (ward) to volunteer services for the Des Moines County Humane Society. I understand that such a minor child is not covered by the agency's worker's compensation or liability policy and I agree to hold the Des Moines County Humane Society and the City of Burlington harmless for any claim, loss or damage incurred by such child.
4. I acknowledge that I have read and fully understand the terms and conditions of the foregoing liability release waiver.

Volunteer's Signature: _____ Date: _____

Signature of Parent or Guardian