

DATE _____



A Non--Profit 501(c)(3) corporation
"Our clients are homeless animals....we hope to be out of business someday"

507 Main St.
Belton, Mo 64012

www.helppets.org
info@helppets.org

P hone (816) 318-HELP

I WANT TO HELP - HELP HUMANE SOCIETY VOLUNTEER QUESTIONNAIRE

Please feel free to mail to above address

This questionnaire is to help us compile a database of volunteers to match up with the volunteer opportunities available. As you complete this, please remember that each of the opportunities is important to the animal's well being and that although you might not have direct contact with the rescued animals you are having a direct impact on them. HELP's rescue/foster/adoption program could not exist without raising the funds needed for their medical attention or the public relations needed to find loving adoptive homes for them.

I am:

- Under 16**
- Over 16**
- Over 18**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

EMPLOYED BY/SCHOOL ATTENDING _____

BIRTHDATE (MM/DD) _____

HOW DID YOU LEARN ABOUT OUR VOLUNTEER PROGRAM? _____

RELEASE OF LIABILITY – I fully understand that as a part of my volunteer assignment at HELP Humane Society that I will come into contact with animals either by directly handling them or through assisting in their care and adoption. Further, I understand, that working with animals carries a risk of injury, and that it is possible, that I maybe bitten, scratched and/or otherwise injured. My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability HELP Humane Society, its agents and assigns, from all acts which are related to normal performance of required and implied duties.

SIGNATURE -

PHOTO RELEASE – I agree to allow pictures of myself to be used, without compensation, for the purpose of promotion and publicity related to HELP Humane Society.

SIGNATURE -

ADVISORY – You are strongly urged to have a current tetanus vaccination to protect yourself should you be cut, scratched, or otherwise injured in such a way that tetanus infection could threaten your health.

INITIAL _____

HEALTH NOTE – You are required to meet privately with the Executive Director to discuss any physical conditions you may have, or medications you maybe taking affecting your blood clotting or immune system. This would include conditions such as, but not limited to, taking blood thinners, aspirin therapy, any autoimmune diseases, HIV, hepatitis, chemotherapy, or immune system suppressants. A release from your physician maybe required in order to best protect you from injury.

INITIAL _____

MEDICAL RELEASE – In case of emergency, I authorize HELP Humane Society, to arrange for emergency medical treatment after attempting to notify the contacts listed below. List 2 personal or professional contacts below.

SIGNATURE -

| NAME | PHONE NUMBER | RELATIONSHIP |
|------|--------------|--------------|
| | | |
| | | |

Why would you like to be a HELP Humane Society volunteer? _____

Are you volunteering as part of any school, court-ordered community service, civic or church organization program? _____ If yes, please provide below information.

| Program Name | Contact information | Phone number |
|--------------|---------------------|--------------|
| | | |

List any other volunteer activities below

| Which organization? | Past or present volunteer? | What duties did you perform? |
|---------------------|----------------------------|------------------------------|
| | | |
| | | |
| | | |

Please detail any experience you have had with animals, including your own pets _____

Please list 2 personal or professional references, not directly related to you.

| | | |
|--|--|--|
| Name | | |
| Address | | |
| City/State/Zip | | |
| Phone | | |
| How do you know this person? Co-worker, neighbor, friend? | | |

Please select as many opportunities as you would like by numbering beside it in order of preference, with #1 being most preferred.

We will contact you when your help is needed to see if you are available.

| | | | | |
|--|--|---|--|---|
| Animal Care (Dogs) *Cleaning and feeding *Dog walking *Dog training | | Animal Care (cats) *Cleaning and feeding *Socializing/brushing | | Fostering |
| Animal Care (grooming) *Dogs *Cats | | Off-site Adoptions | | Greeter/matchmaker *Welcome public *Adoptions/interactions |
| Community Programs *Info booths | | Facilities Support *Landscaping *Carpentry *Painting | | Development & Fundraising *Special Events |
| Marketing & PR *Composing & faxing Press Releases *Designing ads *Assist with mailings | | Working in Rescued Treasures *store clerk *stocking/pricing/cleaning | | Clerical Work *assisting the staff |
| TNR of feral cats *trapping, transporting, (this requires a vehicle) | | Animal comfort support *Build kitty furniture *Build dog agility equipment | | Other *Please notate any special skills you possess. |

Other special skills or interests that you would like to share? _____

AVAILABILITY –

When can you start volunteering? _____ How many hours per week? _____

Please write in days/times that you are available.

| | | | | | | | |
|----|--------|---------|--------|-------|--------|----------|--------|
| | MONDAY | TUESDAY | WEDNES | THURS | FRIDAY | SATURDAY | SUNDAY |
| AM | | | | | | | |
| PM | | | | | | | |