

Volunteer Application
Carver-Scott Humane Society
P.O. Box 215 Chaska MN 55318
952-368-3553 X 3



Date: _____

Ms./Miss/Mrs./Dr./Mr. _____
(Last Name) (First Name)

Address: _____

City _____ Zip _____

Home # _____ Work # _____

Email _____ Birth month and day: _____

Education: _____

If Currently Employed Please Indicate Name, Address and Phone Number of your Employer.

If Unemployed Please Give References:

Person to call in an Emergency: _____ **Phone #** _____

Previous or Present Volunteer Experience: _____

What is your experience with *Animal Care, Training, and Handling*?

_____ **Volunteer hours needed to complete for the following school/organization** _____

How did you find out about CSHS?

Why do you want to volunteer for CSHS?

Please list the names of any friends or relatives working or volunteering at CSHS and their relationship to you.

What is your opinion on euthanasia?

Please list in *order of preference*, the volunteer programs you are currently interested in:

1. _____ Day(s) Time(s) available _____

2. _____ Day(s) Time(s) available _____

3. _____ Day(s) Time(s) available _____

Do you have any physical or mental limitations that may hinder you from participating in any part of the program?

Yes _____ No _____ If Yes, please explain _____

Please list any Illnesses, Allergies, or Disabilities that may hinder you? (ie. heart condition, diabetes, back injuries, epilepsy...): _____

A TETANUS SHOT IS STRONGLY URGED FOR ADDED PROTECTION

Applicants Agreement

In signing this application, I understand and agree to the following:

I Authorize Carver-Scott Humane Society to seek emergency medical treatment in case of an accident, injury or illness.

I agree to abide by the policies and procedures presented to me at the orientation and training meetings.

I will take ideas, constructive comments, suggestions and criticisms directly to the volunteer coordinator.

If communication problems develop between myself and others, I will report to the volunteer coordinator to whom I am accountable.

I will keep confidential any/all information that is not in the best interest of the animal and/or the new or past owner, or any information pertaining to the operation of Carver-Scott Humane Society.

I have been advised and understand that if I am injured, while acting as an unpaid member of the volunteer staff, that the State worker's compensation law does not cover me.

I _____ understand that I am not an employee of Carver-Scott Humane Society. I will not hold CSHS, it's staff or directors responsible for any injury or illness incurred or occurring while I am a volunteer worker for CSHS.

I also will not hold Carver-Scott Humane Society responsible for any actions or injuries involving my own animals when they are used for CSHS programs.

DATE: _____ **APPLICANT'S SIGNATURE:** _____

FOR OFFICE USE ONLY

____ Add to database

____ Copies of paperwork/Volunteer Handbook to Volunteer

____ Create file on each Volunteer

____ Communicate immediately with Operations and or Marketing Chairs

____ Mentoring program - pair with veteran volunteer for specific training/orientation

____ Create volunteer schedule – who is where and when

Comments: