



PO Box 270, Washougal, WA 98671 | 2675-2695 S. Index Street, Washougal, WA 98671
 Cat Shelter: (360) 835-3464 | Dog Shelter: (360) 335-0941 | Fax: (866) 373-1836
 Email: info@wcghs.org | Web: www.wcghs.org | Facebook: www.facebook.com/wcghs

A COMPASSIONATE APPROACH TO ANIMAL WELFARE

WCGHS VOLUNTEER APPLICATION

The Mission of the West Columbia Gorge Humane Society is to eliminate unnecessary euthanasia of healthy or treatable companion animals in the community and find them permanent, loving homes. By volunteering with WCGHS, you are assisting us achieve our mission by helping animals in need.

Legal Name: _____ Today's Date: _____
First Middle Initial Last

Name you would like to be called: _____ Adult (18 & over): _____ Youth: _____

Address: _____
Mailing Address City State Zipcode

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ (Please print email address clearly)

How did you hear about volunteering for the West Columbia Gorge Humane Society (WCGHS)?

___ WCGHS website ___ Another Volunteer Website _____
 ___ Walk In ___ An Employee or Volunteer _____
 ___ Other _____

Why are you interested in volunteering with the WCGHS?

___ Community Involvement ___ Work Experience ___ Corporate Volunteer Program
 ___ School/College Service Learning Program or Class ___ Court-Ordered ___ Other _____

Are you currently employed? Yes ___ Not at this time ___ Retired ___

If yes, where do you work and what is your job title? _____

If no or retired, what was your former line of work? _____

Are you currently a student? (Volunteers must be 16 to volunteer without an adult. Under 16 must volunteer with adult)

High School: Yes ___ No ___ Grade level and school? _____

College: Yes ___ No ___ Grade level and school? _____

Are you completing volunteer service hours for school? Yes ___ No ___ How many hours required? _____

WCGHS Office Use Only

Application Received: _____ Contacted: _____ Orientation/Tour: _____

Databases: Volunteer ___ Ishelters ___ VResponse ___ Sign Up Genius ___ Other _____

Initial Assignment: _____ Date: _____

TELL US ABOUT YOU

Please list any work or volunteer experience you have with animals or that may be relevant:



What areas are you most interested in volunteering? (Please only mark what you are truly interested in.)

- Cat Shelter Volunteer Dog Shelter Volunteer Foster: dog cat kitten
- Animal Transport Shelter Maintenance Volunteer Administrative Volunteer
- Events Fundraising Adoption Center Volunteer: PetSmart (192nd) PetCo (Orchards)

Are you interested in being on a Committee? As a Member: _____ As a Lead/Coordinator: _____
(Please indicate which committee(s))

- Marketing/PR Fundraising Volunteer Events Adoption Medical

On occasion, the Volunteer Committee will contact all volunteers to request help with an urgent need. Please indicate which of the following areas, if any, you would be willing to help if the need were to arise.

- Temporary Fostering: cat dog Medical Fostering: cat dog Stuffing envelopes/mailings
- Helping at adoption events Volunteering at community or fundraising events

WCGHS asks volunteers to make a commitment of 8 hours per month for 6 months.

Are you able to make this commitment? Yes No

If not, please tell us what time commitment you are able to make: _____

Please mark any of the following skill sets you many have AND which you would feel comfortable utilizing if asked:

- Database Management Veterinarian Marketing/Public Relations
- Data Entry Vet Tech/Aide Public Education or Outreach
- Filing Animal Training (professionally) Creative Writing
- Answering Phones Trap and Rescue Work Newsletter Writing
- Managing Emails Animal Transport Fundraising/Special Events
- Handy Person Work Foster Home for Dog/Cat Working with Youth
- Landscaping Cat/Dog Grooming Grant Writing
- Building Repair/Construction Kennel Cleaning Photography
- Animal Socializing Website Management/Creation Social Media

YOUR AVAILABILITY

What are your preferred days and times to volunteer?

TIME	SUN	MON	TUE	WED	THU	FRI	SAT
Morning	<input type="checkbox"/>						
Afternoon	<input type="checkbox"/>						
Evening	<input type="checkbox"/>						

REFERENCES

Please list two references other than family members or relatives that we may contact regarding your application.

Name: _____ Contact Phone: _____

Relationship to you: _____

Name: _____ Contact Phone: _____

Relationship to you: _____

Have you ever been arrested or convicted of a crime? Yes ___ No ___

If yes, please list details and a background check may be requested:

MEDICAL INFORMATION

This information is confidential and will only be used in the event that you require medical assistance. This in no way will act as a condition of your acceptance as a WCGHS volunteer.

Tetanus: We recommend that all shelter volunteer in contact with animals have current Tetanus vaccination.

Date of last Tetanus Vaccination: _____

Medical Conditions: Please list and describe any serious allergies or medical administration that may be required in an emergency: (allergies, medical condition such as seizures, diabetes, etc.)

I give my permission to release this information to emergency medical personnel and those persons who serve as my immediate supervisors.

Yes ___ No ___ Signature: _____ Date: _____

(typed name accepted as signature)

In Case of Emergency, contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Preferred Doctor: _____ Phone: _____

Preferred Hospital: _____



ACKNOWLEDGEMENT AND CONFIDENTIALITY PLEDGE

Please read the following carefully.

The mission of the agency is to eliminate unnecessary euthanasia of healthy or treatable companion animals in the community and find them permanent, loving homes. As a volunteer, I support this and represent this mission in my contact with the community. In doing so, I will act in a professional manner, refrain from using profanity and will conduct myself with courtesy at all times. I will treat all animals, people and property that I come in contact with at the WCGHS with respect.

I understand that if I am accepted as a volunteer for WCGHS, I will be serving in a volunteer capacity and I have no expectation of payment for my service. I will follow through on my commitment and be at my scheduled shift. I will notify my supervisor and/or find a replacement volunteer if I cannot attend my scheduled shift. If I am no longer able to volunteer at WCGHS, I will give my supervisor as much advance notice as possible.

I will not arrive to perform volunteer activities under the influence of alcohol or illegal substances.

I agree that I will hold in strict confidence, and not use, divulge, disclose, or communicate to any person or entity and information relating to the identity of West Columbia Gorge Humane Society customers, financial records, euthanasia, health information or inventories (collectively referred to as confidential information) as long as such information is not generally known to others outside the West Columbia Gorge Humane Society. I will maintain this confidentiality for the term of my service and for a period of one (1) year following separation from the West Columbia Gorge Humane Society. I understand that this confidentiality pledge will remain in effect after separation and that I will deliver to the West Columbia Gorge Humane Society any originals and all copies of confidential information described above immediately upon termination, and that I will not take any confidential information without the written consent of the Shelter Manager or Board Member of the West Columbia Gorge Humane Society.

I understand that volunteering at WCGHS is a privilege and that my volunteer status as WCGHS may be discontinued at any time, for any reason. I understand that as a volunteer at-will, I am free to resign at any time, just as the West Columbia Gorge Humane Society is free to terminate our relationship at any time. In addition, I understand that if I have no reported hours for three (3) months, my active status as a volunteer will be removed unless I have made other arrangements in advance with my direct supervisor or the Volunteer Coordinator.

I have read a copy of the West Columbia Gorge Humane Society (WCGHS) Volunteer Handbook which is available online. I acknowledge that it is my responsibility to ask questions about anything that I do not understand regarding the information presented in the volunteer handbook. If I have not asked any questions, it is because I understand the contents of this volunteer handbook. I understand that the contents of this volunteer handbook are presented to me for guidance and orientation only. I understand that it is my responsibility to abide by all of West Columbia Gorge Humane Society policies set forth in this volunteer handbook. I further understand that the procedures, working conditions, and policies described in the volunteer handbook are subject to change at any time by West Columbia Gorge Humane Society.

I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to adhere to policies and carry out my duties as a humane society volunteer effectively.

I have read and reviewed the above certification statements and other information on the volunteer application. I confirm that the information on this application is correct.

Signature: _____ Date: _____
(typed name accepted as signature)

Volunteers Under 18: Volunteers under 18 must include written permission (adult, non-relative) and have the signature of a parent/guardian. Volunteers younger than 16 must be accompanied by a parent/guardian.

As parent/guardian, I understand that my son/daughter volunteers at his/her own risk. I hereby grant permission for him/her to perform volunteer work for the WCGHS.

Parent/Guardian Signature: _____ Date: _____
(typed name accepted as signature)



WAIVER OF LIABILITY

I understand that there is a possibility of health or injury risk to humans and personal pets when caring for rescued animals. I will not hold WCGHS liable for any injury or illness that may result from my volunteer activities.

The undersigned acknowledges that services provided to the West Columbia Gorge Humane Society are strictly voluntarily and in a volunteer capacity without any express or implied promise of salary, compensation or other payment of any kind. The undersigned further understands that certain risks may be associated with performing these services and he/she accepts those risks.

In consideration of being permitted to perform volunteer services for the West Columbia Gorge Humane Society, the undersigned, for himself/herself and his/her heirs and representatives voluntarily and knowingly executes this document and expressly waives any and all rights, claims or causes of actions, including, without limitation, those involving bodily injury or property damages to the undersigned, or to the undersigned's family or property while the undersigned is engaged directly or indirectly, in performing services, whether or not caused by the negligence of the West Columbia Gorge Humane Society, its officers, board of directors, agents and employees harmless from and against any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand, or cause of action, brought against the West Columbia Gorge Humane Society, its officers, board of directors, agents or employees, jointly or individually, for bodily injury or property damage suffered as a result of the undersigned's reckless or willful act or omission in the performance (or failure to perform) of volunteer services.

The undersigned has read and fully understands the content of this Waiver of Liability. This Waiver of Liability shall continue in full force and effect until all volunteer services have been terminated.

Volunteer Signature: _____ **Date:** _____

Signature of Guardian if under 18: _____

PHOTO RELEASE:

I authorize the use of my photograph in WCGHS materials. I understand that photo identification may be requested for certain volunteer WCGHS roles at some point during my time as a volunteer. I grant WCGHS and its representatives my permission to publish or otherwise use in any medium and for any lawful purpose, any photographs/images taken of me while volunteering, in perpetuity. I understand that these images will be included in WCGHS stock photo files which may or may not be used in advertising and promotional mediums. I also agree that the photos/images will remain the sole property of ECGHS and waive any right to prior approval for any use of the photo(s)/image(s) and understand that WCGHS is not compensating me for allowing the use of photo(s)/image(s). I freely agree to these terms.

Volunteer Signature: _____ **Date:** _____

Signature of Guardian if under 18: _____
