



Family Volunteer Application

Personal Information

Adult Volunteer Information

Name _____ DOB ____ / ____ / ____

Nickname/ How would you like to be addressed: _____

Address _____

City _____ State _____ Zip Code _____

Phone (home) _____ (cell) _____

Email Address _____

Employer / School _____

Emergency Contact Name and Number _____

Other Adult or Youth Volunteer Information

Name _____ DOB ____ / ____ / ____

Nickname/ How would you like to be addressed: _____

Address _____

City _____ State _____ Zip Code _____

Phone (home) _____ (cell) _____

Email Address _____

Employer / School _____

Emergency Contact Name and Number _____

Do you or your child have any physical or psychological limitations or disabilities that might make some aspects of volunteering more difficult? (such as back injury, epilepsy, allergies, phobias, etc.)

YES NO

If yes, please explain _____

Skills and Experience

Why do you want to volunteer? What do you hope to contribute? What do you hope to gain from your volunteer experience? _____

Please list any skills or hobbies that you have that may be helpful to OAHS (such as sewing, photography, computer skills, teaching ability, etc.) _____

Volunteer Opportunities

Training is provided for all positions. Successful completion of training is required for your volunteer application to be approved.

I am interested in beginning my hands-on volunteering experience with: (check one species)

- Cat Socialization – Play with the cats, pet / socialize / brush, scoop litter boxes
- Dog Socialization – Walk and exercise dogs, conduct basic manners training, read and relax
- Small Mammal Socialization – Exercise small mammals, socialize, provide enrichment

I would ALSO be interested in helping with the following: (check all that apply)

- Foster Care Laundry
- Outreach/Shelter Events Yard Work

Are you willing to commit to at least 6 hours per month? Yes No

Are you willing to commit to at least 6 months of volunteering? Yes No

Are you able to work independently without staff support? Yes No

Photographic and Media Release

I hereby grant and convey to the Oshkosh Area Humane Society any and all permission, right, title and interest in any photographs, images, or video and audio recordings taken of me during my volunteer activities with the Oshkosh Area Humane Society. I expressly agree to allow the Oshkosh Area Humane Society to use and publish said images, recordings, and videos of myself without any compensation required, in any and all media (including the internet) for the promotion, advertising, and publicity of the Oshkosh Area Humane Society.

BY SIGNING BELOW, THE VOLUNTEER (AND IF APPLICABLE, THE PARENT OR LEGAL GUARDIAN) ACKNOWLEDGES THAT THEY HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL THE PROVISIONS OF THIS RELEASE AND AGREEMENT.

BY

Signature

Date

Signature (parent or legal guardian of participant if under 18 years of age)

Date

Optional

_____ **Yes, we would like to become a OAHS Members at the Volunteer Membership Fee of only \$10.00/adult (normally \$25).**

Administration Use Only

CC _____

VO _____

HOD _____

HOC _____

HOSM _____

Oshkosh Area Humane Society Youth Agreement

Attention Parents: Please read and discuss the following with your child prior to signing

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

I will treat all animals, people, and property I come in contact with at the Oshkosh Area Humane Society with respect. I will refrain from using profanity and conduct myself with courtesy at all times. I am prepared and willing to walk dogs that pull on leash and are reactive to other dogs as part of my volunteer duties at OAHS.

I will arrive on time for my scheduled shift and I will sign out for my shift in the log book, because accurate tracking of volunteer hours directly aids in the Oshkosh Area Humane Society's ability to obtain grants.

I agree to commit to volunteering a minimum of 6 hours per month for at least 6 months (you may volunteer longer if you wish). When I am no longer able to volunteer at the shelter, I will inform the Volunteer Coordinator.

I will wear a name tag and an armband while volunteering. I will come appropriately dressed, wearing close-toed shoes, pants, and clothing appropriate for my position. **If I am wearing shorts or open toed shoes I may be asked to leave due to safety risks.** Because each volunteer is a representative of OAHS in the eyes of the public, volunteers cannot have visible tattoos of an offensive nature. Dangling jewelry is not allowed for safety reasons.

If I feel a communication problem exists between paid staff and me, I will report the problem to the Volunteer Coordinator as soon as possible.

I give The Oshkosh Area Humane Society ("OAHS") the right and permission to use my name, likeness, and voice, together with my endorsement or testimonial (whether written or oral), in all types of advertising and promotion. This right and permission includes photographs, video recordings, audio recordings, and all other media in which my name, likeness, or voice may be reproduced.

OAHS will own any materials and inventions I prepare or make that are related to my job, whether or not made on my own time or in a volunteer capacity. OAHS will also own any materials or inventions I prepare or make during work or donated volunteer hours or using OAHS resources or facilities. I will sign any additional papers OAHS requests to allow OAHS to obtain patent, copyright, or trademark protection in its name for these materials and inventions.

I understand that as a volunteer I may gain access to information about OAHS, customers, or staff that is confidential. I agree to maintain confidentiality and to refuse disclosure of any information that is either private or personal.

Volunteering at the Oshkosh Area Humane Society is at-will. Active volunteer status at OAHS may be terminated for any reason, with or without cause or notice, at any time by either parties-the volunteer or OAHS. I understand that if I have not reported hours for **three (3)** months, my active status as a volunteer will be removed.

Youth Volunteer Signature

Date

Parent / Guardian Volunteer Signature

Date