



The Humane Society of Northeast Florida, Inc. (HSNF)
VOLUNTEER COMMITMENT FORM



Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Age if under 18: _____ Legal Guardian Name (if under 18): _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Employer: _____ Position: _____

I am able to commit to _____ hours per week/month * I am not able to make an hourly commitment at this time _____

Preferred Days and Times: _____

Interests/Special Skills: _____

Type and Number of Pets owned in the last 10 yrs: _____ DOG(s) _____ CAT(s) _____ OTHER? _____

I was referred to The Humane Society of Northeast Florida, Inc. by: _____

I am trying to earn Community Service Hours _____ (Y or N)

Please check your areas of interest:

- Parent and Me (10 - 14) _____ Dog Walker _____ Cat Cuddler _____ Dog Groomer _____ Cat Groomer _____
Pet Therapy _____ Office Assistant _____ Special Events _____ Fund Raising _____ Bake Sale Items _____
Shelter Maintenance _____ Thrift Store Merchandising _____ Thrift Store Maintenance _____
Other _____

Volunteers are such an important part of our team. We have a variety of volunteer opportunities that range from our much-needed daily cleaning at our Shelter and Thrift Store, to grooming, socializing with our animals, outside yard work, working at events and fundraisers, and office assistance. Without the support and hard work of our volunteers, our programs would not exist! Volunteers help set the tone for how successful our organization will be. You will find many rewarding experiences working as part of our team for the benefit of the animals in our community.

* * * * *

I understand that my participation is relied upon, and I will not take my commitment lightly. I understand that failure to satisfy my commitment could hurt the overall operation of the organization. Therefore, I will do my best to provide the shelter with 24 hours notice if I cannot attend a prearranged activity or scheduled shift. Please call 386-325-1587.

I will log my hours and duties performed at each visit.

I, the undersigned, hereby acknowledge that I am a volunteer and as such do not receive, or expect to receive any payment for the services I perform.

Signature _____ Date _____

Parent/Guardian's Signature (required if under 18) _____



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Adult Volunteer Release of Liability

In consideration of HSNF accepting my application for participation in HSNF programs, I agree to release and hold harmless The Humane Society of Northeast Florida, Inc. from and against any and all loss, damage, claims, liability, costs and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in HSNF programs. I understand there are certain risks inherent in handling animals, and I accept those risks.

Signature _____ Date _____

Youth Volunteer Release of Liability

As the parent/guardian of minor, this minor child understands there are certain risks inherent in handling animals, and I and my minor child accept those risks. In consideration of The Humane Society of Northeast Florida's permitting (my/our) minor child to participate as a volunteer and/or work with and around animals kept at the HSNF, 112 Norma St, Hollister, FL, 32147 OR at the Thrift Store, 819 S. Moody Rd, Palatka, FL, 32177. I, individually and on behalf of this minor, and their heirs, personal representatives, assigns and next-of-kin, hereby release(s), waive(s), discharge(s) and covenant(s) not to sue the HSNF, its officers, employees, members or sponsors (herein after referred to as Releasee(s)) from any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from, and by reason of any and all personal injuries that may be sustained by said minor of Releaser(s), their personal representative, assigns, heirs and next-of-kin, on account of injury or death to this minor while he/she is in or upon the HSNF premises, and/or while working for any purpose participating in volunteer activities for the HSNF. Releaser(s), in making this release hereby assume(s) responsibility for injury or death, of said minor.

Releaser(s) further agree(s) to indemnify Releasee(s) against loss from any and all claims, demands, and actions that may hereafter be made or brought by this minor or any on his/her behalf for the purpose of enforcing a claim for damages on account of any injuries or death which may be sustained while said minor is in or upon the HSNF premises, and/or while working for any purpose participating in voluntary activities for the HSNF.

Releaser(s) expressly agrees that this Release of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this release is held invalid, the remaining portions shall, notwithstanding, continue in full force and effect.

In WITNESS WHEREOF, Releaser(s), execute(s) this Release of Liability on month ____ day ____ yr ____.

Parent/Guardian Name(s) (please print): _____

Signature(s) _____

Address _____ City _____ State _____ Zip _____

Confidentiality Agreement (All Volunteers)

The primary concern of The HSNF is to protect, offer safety and provide shelter for animals in need. Thus, we must have and adhere to, a strict and explicit code of volunteer and employee confidentiality.

It is the policy of HSNF not to disclose, under any circumstances, information of any kind regarding clients, the animals' former owners, donors, sponsors, fellow employees or volunteers who are in contact with HSNF (except for required administrative purposes).

Do not discuss HSNF clients, the animals' former owners, donors, sponsors, fellow employees or volunteers with anyone other than HSNF staff. This is a violation of their privacy and a breach of confidentiality. Please remember to interact with all clients in a professional manner and to treat all clients, donors, sponsors, volunteers and employees with respect.

The names, addresses and/or telephone numbers of staff, clients, Board of Directors, donors, sponsors and volunteers should never be given out without permission from either the Office Manager or President of the Humane Society. Staff and volunteers shall not give out their home address or phone numbers to clients without prior approval from either the Office Manager or President of the HSNF.

My signature acknowledges that I have read, understand and agree to adhere to the above rules regarding confidentiality. I hereby agree to abide by these rules during my tenure at HSNF and after I am no longer affiliated with this agency. I understand that any violation of these rules may result in my immediate termination.

Signature _____ Date _____

HSNF Volunteer Application dated 090511

ORIENTATION DATE: _____



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Photo Release (All Volunteers)

I give The Humane Society of Northeast Florida, Inc. all rights to the use of any photos taken for publicity purposes. The HSNF can use my photos at their discretion and I waive all rights to collecting any fees for the use of these pictures.

Signature Date Parent/Guardian's Signature (required if under 18)

Emergency Contact Information (All Volunteers)

Contact Name Relationship to Volunteer

Home Phone Work Phone Cell Phone

Community Service- Please check one of the following IF applicable:

Student Girl/Boy Scout Church Court Related Other

Age (if under 18) Address:

City: State: Zip:

I need to fulfill hours by (date)

I understand that The HSNF may not be able to guarantee the total amount of hours needed; therefore I may need to fulfill additional hours at another facility.

If other (type of community service), please explain:

Note: All court related, community service people will be required to have a staff member sign their initials in the in/out binder upon arrival, and once again when you leave. If a letter to the court system is needed as proof of fulfillment, then at least a 3-day notice to the volunteer coordinator will be necessary.

Signature Date

Criminal Background Check (Adult Volunteers Only)

Have you ever been convicted of a felony? Y or N (please circle)

If yes, please elaborate (answering yes does not necessarily preclude volunteer services):

I give The Humane Society of Northeast Florida, Inc. the right to verify the above information. I will provide any and all additional personal information required to perform same.

Signature Date



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Volunteer Pledge

I will abide by the policies and procedures set by The HSNF.

I will treat all animals with respect and care.

I will be polite and professional to all staff, other volunteers and the public, at all times.

I will do the job I am assigned to and stay in the area I am assigned to.

Should there be any problems with an animal, staff person, other volunteer, or the public, I will speak only to the Office Manager or President of The HSNF regarding the issue(s).

Because my safety is paramount, safety protocols must be adhered to at all times and at all levels.

I will log my volunteer hours as instructed.

I will limit my cell phone or PDA use to emergency situations while volunteering.

I will call as soon as possible if I am unable to meet a volunteer commitment.

I will provide constructive criticism only regarding The HSNF.

I will respect the confidential nature of the information I may obtain.

I understand that my failure to follow through with this Pledge will result in the termination of my services as a volunteer.

Signature

Date

Print Name