

# The Humane Society

OF NORTHEAST FLORIDA, INC.  
EIN 59-2120196



# VOLUNTEER PACKAGE

as of 10/31/09



**The Humane Society  
of Northeast Florida  
No Kill Shelter**

P.O. Box 188 • Hollister, Florida 32147 • (386) 325-1587 • Fax: (386) 329-9421

*A Private Non-profit Charitable Organization*

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## **Volunteer Opportunities**

**Thrift Store Helper**

**Dog Walker**

**Kitty Cuddler**

**Adopt-a-thon Staffer**

**Shelter Grounds Beautifier**

**Dog Bather**

**Paw Prints Newsletter Contributor**

**Fundraiser**

**Computer Entry/Operator**

**Community Outreach/Educator**

**Foster Parent**

**Digital Photographer**

**Web Designer**

**???**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



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## Volunteer Application

Shelter – 112 Norma St, Hollister, FL, 32147, 386-325-1587

Thrift Store – 819 South Moody Rd, Palatka, FL, 32177, 386-328-7014

Volunteer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

What is the best time to contact you? \_\_\_\_\_

Where would you like to volunteer? Shelter \_\_\_\_\_ Thrift Store \_\_\_\_\_

What time(s) would you like to volunteer? \_\_\_\_\_

What day(s) would you like to volunteer? \_\_\_\_\_

Do you have any special skills? \_\_\_\_\_

What types of things would you like to do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Notes:
- 1) All volunteers are required to sign an injury waiver
  - 2) Shelter volunteers will need current tetanus shot (or physician statement) and rabies vaccine or waiver
  - 3) All volunteers under age 18 must have parent or guardian approval

When complete, return to the HSNF Shelter  
Attn: Volunteer Coordinator  
P.O. Box 188  
Hollister, FL 32147



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## Volunteer Emergency Questionnaire

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Social \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

If unable to contact above mentioned person:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

The information below is for use in an emergency or to assure assignments are as safe as possible.

Do you have any allergies? \_\_\_\_\_ If yes, to what? \_\_\_\_\_

Have you had major surgery? \_\_\_\_\_ If yes, describe \_\_\_\_\_

Are you currently taking any medications? (Please list)

\_\_\_\_\_  
\_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

Thank You,

HSNF Director



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## Volunteer Waiver

Volunteer's Name: \_\_\_\_\_

To the Humane Society of Northeast Florida:

As a volunteer of the before-mentioned organization, at their animal shelter located in Hollister, FL, I understand that I have the option to take the rabies vaccine shots or I can refuse to do so. In either case, I will not hold the Humane Society of Northeast Florida, its officers, staff or members, responsible if I am bitten, scratched or otherwise injured, by any animal housed or handled by the shelter.

\_\_\_\_\_ Yes, I will have the state rabies vaccine shots immediately.

\_\_\_\_\_ No, I choose not to have the rabies vaccine shots.

\_\_\_\_\_ I will not hold the Humane Society of Northeast Florida, or its officers, staff or members, responsible as stated above.

I also understand that I must have an up-to-date tetanus shot, as required in the shelter manual, if I am to work at the shelter. I may present a physician's statement that my shots are current in lieu of having shots at this time.

I certify that I have read the above, I fully understand, and I have made the choices of my own free will.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

If I am under 18 years of age, I am providing a parent's or guardian's statement and signature as follows:

I hereby certify that I am a parent or guardian of the above mentioned volunteer, and that I understand and approve of the information furnished on this form. I further agree to hold harmless the Humane Society of Northeast Florida, its officers, staff or members, in the event this volunteer is bitten, scratched or otherwise injured as a result of their volunteer activities at the shelter or shelter event.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_