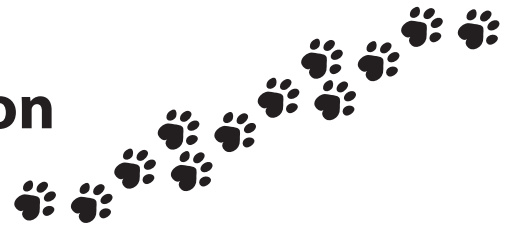




Galveston Island Humane Society
Volunteer Application
(Must be 16 years of age or older)



Name: _____ DOB: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Other: _____

TDL#: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Do you have any experience as a volunteer? Yes No

If yes, with what organizations: _____

Volunteering at GIHS is not always only animal related; it can also involve contact with the general public.

How do you feel about interaction with all types of people? _____

Sadly, there are instances when animals are termed "un-adoptable" and have to be humanely euthanized.

How do you feel about this? _____

What are your thoughts on spaying and neutering? _____

If you have any companion animals of your own, please tell us about them. _____

Do you have a special interest, skill or hobbies? _____

Do you speak a second language? Yes No. If yes, what language(s)? _____

Do you need to receive credit for hours worked? Yes No. If yes, who will you report these hours to? _____

Please select the days and times you would be available to volunteer. The work day begins at 8am.

Public shelter hours are Monday thru Friday, 11am to 6pm, and Saturdays from 11am to 5pm.

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| AM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you available regularly each week? Yes No

How much time do you anticipate volunteering with GIHS? _____ per week, _____ per month

Please indicate which area you are interested in. This is important as we categorize our Volunteer Team.

- | | | |
|---|---|---|
| <input type="checkbox"/> Direct Cat Care | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Direct Dog Care | <input type="checkbox"/> Shelter Adoption Counselor | <input type="checkbox"/> Clerical/Data Entry |
| <input type="checkbox"/> Off Site Adoptions | <input type="checkbox"/> Fund Raising Activities | <input type="checkbox"/> Special Events |

Galveston Island Humane Society, Inc. Volunteer Release

I, _____, hereby agree that upon accepting a position as a volunteer worker with the Galveston Island Humane Society, Inc, (herein referred to as GIHS), to comply with all rules and regulations established by GIHS. I understand that failure to do so may result in my immediate termination as a volunteer. I also agree to do my best to represent the GIHS to the public in an accurate and professional manner.

I acknowledge that my service are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of GIHS, all service to be preformed at my own risk.

I recognize that in handling animals and performing other volunteer tasks, there exists the risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless GIHS, its agents and employees from any and all claims, causes of action, or demands of any nature of cause, including costs and attorney fees incurred by GIHS in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my service for GIHS, including but not limited to animal bites, accidents or injuries.

I understand the public relations are an important part of volunteering at GIHS. In behalf of myself, my heirs, personal representatives and executors, I hereby allow GIHS to use any photographs taken of me for use in public relations efforts.

Signature

Date

