



GALVESTON ISLAND HUMANE SOCIETY VOLUNTEER APPLICATION

(Must be 16 years of age or older)

Name: _____ DOB: _____

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

Email Address: _____

Cell Phone: _____ Home Phone: _____

DL #: _____ State Issued: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Do you have any experience as a volunteer? Yes _____ No _____

If yes, with what organization(s): _____

Volunteering at GIHS can also involve contact with the general public.

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

Sadly, there are instances when animals are termed “un-adoptable” due to aggression or medical status and have to be humanely euthanized.

How do you feel about this? _____

** Volunteers will never be asked to participate in this medical procedure.*

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 any special interests, skills 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? _____

Before volunteering, you are required to attend a volunteer orientation.

The next orientation is: _____

The volunteer fee of \$25 (\$20 for students), which covers your volunteer t-shirt and insurance, must be paid before you can begin training. You must complete dog and/or cat training to work directly with the pets.

Volunteers are welcome at the shelter Monday thru Saturday, 11:00am-5:00pm. However, we encourage consistency in your commitment to certain days and/or shifts.

Are you available to volunteer on a regular basis each week? Yes_____ No_____

If yes, what days (Mon-Sat.) and time of day (morning, midday, evening) do you expect to be at the shelter?

Day(s) _____ Time(s) _____

How much time do you anticipate volunteering with GIHS? _____ Hours per week or _____ Days per month

Please indicate which areas you are interested in.

- | | | |
|--|---|--|
| <input type="checkbox"/> Cat Socializing/Playtime | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Offsite Events |
| <input type="checkbox"/> Dog Socializing/Playtime | <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Cat Trap-Neuter-Release Program |
| <input type="checkbox"/> Bathing & Exercising dogs | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Shelter Adoption Counselor |
| <input type="checkbox"/> Clerical/Data Entry | <input type="checkbox"/> Photography | <input type="checkbox"/> Web Design/IT |

**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, and I understand that failure to do so may result in my immediate termination as a volunteer. As a volunteer, I will agree to do my best to represent the GIHS to the public in an accurate and professional manner.

I acknowledge that my services 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 services to be performed 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 services for GIHS, including but not limited to animal bites, accidents or injuries.

I understand that public relations are an important part of volunteering at GIHS. On 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