



Humane Society
OF HARRISBURG AREA

Building a Better Community for Pets & People
7790 Grayson Road • Harrisburg, PA 17111
717-564-3320 • FAX 717-564-1867
www.humanesocietyhbg.org

HSHA VOLUNTEERS MUST BE 18 OR OLDER. THE VOLUNTEER PROGRAM IS NOT INTENDED FOR COURT-MANDATED COMMUNITY SERVICE. TO INQUIRE ABOUT COURT-MANDATED COMMUNITY SERVICE, CONTACT US AT 717-564-3320.

VOLUNTEER APPLICATION
PLEASE MAKE SURE TO SIGN THE LAST PAGE

Applications are kept on file for 3 months. If you are volunteering through a special needs program, please contact the Volunteer Coordinator at 717.564.3320 prior to applying.

Name _____ Date of Application _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

(This is HSHA's primary means of contacting volunteers.)

Employer _____ Occupation _____

Work Telephone _____ May we contact you at work? Yes No

OPTIONAL INFO: Gender Male Female Age Group 18-30 31-40 41-50 51-60 61 or over

How did you learn about HSHA's Volunteer Program? _____

Are you required to volunteer for a school, employer, or other organization? If yes, please describe organization and hours needed. _____

Why you would like to become a volunteer at HSHA? _____

Do you have any prior experience as a volunteer? If yes, please describe organization and your duties. _____

Have you had any prior experience at an animal shelter/animal welfare organization or in a related field? If yes, please describe. _____

Do you have any companion animals of your own? If yes, please describe. _____

Are your companion animals spayed/neutered? If no, please explain. _____

Volunteering at HSHA involves frequent interaction with the public and staff. How do you feel about interacting with all types of people and taking direction from others? _____

HSHA makes every possible effort to work with the needs (behavioral, medical, etc.) of every animal in our care. However, euthanasia is necessary in some instances. How do you feel about this? _____

Do you have specialized skills or training that could assist HSHA? _____

Do you have any physical, medical, emotional, or psychological limitations or disabilities that may affect your ability to perform any volunteer activities? If yes, please describe. _____

Do you have any restrictions, such as work/school schedule, that may affect your availability to volunteer? _____

Please list three personal and/or professional references.

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

In case of emergency, whom should we notify?

Name _____ Relationship _____

Address _____ City/State/Zip _____

Home Telephone _____ Work Telephone _____

Please indicate the days of the week and times that you may be available to volunteer:

DAYS: Mon Tues Wed Thurs Fri Sat Sun When are you available to begin? _____

TIMES: Morning Afternoon Evening

Which volunteer team(s) are you interested in joining?

ANIMAL CARE TEAMS

- Dog Walker
 - Walk and socialize dogs, etc.
 - (Requires: *basic & dog orientations*)
- Cat Socializer
 - Socialize & pet cats
 - Play with cats in get acquainted rooms
 - (Requires: *basic & cat orientations*)
- Exotic Animal Socializer
 - Socialize and groom rabbits, hamsters, etc.
 - (Requires: *basic & exotic orientations*)

NON-ANIMAL CARE TEAMS

- Clinic Assistant
 - Assist at HSHA's regular twice monthly clinics (registration, etc.)
 - (Requires: *basic, dog & cat orientations*)
- Laundry & Dishes
 - (Requires: *basic orientation*)
- Office Assistant/Receptionist
 - Answer phones at front desk
 - Greet customers at front door
 - Office administrative tasks (copies, etc.)
 - (Requires: *basic orientation*)

- Public Relations Assistant
 - Assist at fundraising events (registration, etc.)
 - Assist with periodic distribution of event posters and flyers to area businesses
 - Stuff envelopes, etc.
 - Assist with other PR-related administrative tasks
 - Place donation jars at area businesses
 - (Requires: *basic orientation*)
- Humane Educator
 - Visit schools for humane education programs scheduled by HSHA
 - Maintain a working knowledge of HSHA programs and services
 - Assist with school lockup & Pennies for Pooches campaigns and Pity Party
 - (Requires: *basic, dog & cat orientations and orientation with education director*)
- SnapShots
 - Photographing animals and uploading pictures to Petfinder
 - (Requires: *basic, dog and/or cat orientations*)
- Groundskeeper
 - Mow grass, weed, etc.
 - (Requires: *basic orientation*)

VOLUNTEER AGREEMENT

A SIGNATURE ACKNOWLEDGING THIS AGREEMENT IS REQUIRED TO VOLUNTEER

By signing below, I hereby accept a position as a volunteer for the Humane Society of Harrisburg Area, Inc., upon the following terms, conditions, and understandings.

TERMS AND CONDITIONS

1. My services to the Humane Society are provided strictly in a voluntary capacity as a volunteer and without any express or implied promise of salary, compensation, reimbursement, or other payment of any kind whatsoever.
2. My services are furnished without any employment-type benefits, including, but not limited to, employment insurance programs, worker's compensation accrual in any form, vacations, or sick time.
3. I will familiarize myself and comply with the Humane Society's policies and procedures applicable to volunteers. In particular, I fully understand that the Humane Society expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a volunteer.
4. I understand that the Humane Society, without notice or hearing, may terminate my services as a volunteer at any time with or without reason.

RELEASE

1. I understand the risk of harm presented by the handling of animals and other volunteer activities on behalf of the Humane Society. I further understand that volunteer activities may place me in situations that could result in injury to me or my personal property due to the unpredictable nature of animal behavior and interaction of animals that come into the Humane Society's care, custody, and control. On behalf of myself, and my heirs, personal representatives, and assigns, I hereby release, discharge, indemnify, and hold harmless the Humane Society and its directors, officers, employees, and agents from any and all claims, causes of action, and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities on behalf of the Humane Society.
2. Understanding that public relations is an important part of a volunteer's activities on behalf of the Humane Society, I hereby authorize the Humane Society to use any photographs of me, acting within my capacity as a volunteer, in its possession for public relations purposes. I ask that the Humane Society use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purposes.

VOLUNTEER ACKNOWLEDGMENT

1. The volunteer handbook, which is available on HSHA's Volunteer Website, describes important information about the Humane Society of Harrisburg Area, Inc., and I understand that I should consult the Volunteer Coordinator regarding any questions not answered in this handbook.
3. Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official departmental memos, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Volunteer Department of the Humane Society in conjunction with the Executive Director and the Board of Directors has the ability to adopt any revisions to the policies in this handbook.
4. Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EUTHANSIA ACKNOWLEDGMENT

1. The Humane Society is an open admission shelter. By accepting all animals, not just healthy and adoptable animals, as a volunteer I recognize that euthanasia is part of the environment at our shelter.
2. I understand euthanasia decisions are not made lightly.
3. I understand that I am not allowed to contact any rescues, shelters, or individuals on behalf of HSHA. I can however give information to the Volunteer Coordinator.

MEDIA ACKNOWLEDGEMENT

1. I understand that all media inquiries at both shelters should be directed to the Director of Public Relations or Executive Director.
2. I understand that all correspondence from HSHA to the media should come from the Director of Public Relations or Executive Director. Staff and/or volunteers should never contact any media regarding any HSHA issues.
3. I understand that all campaigns, press releases, appeals, marketing materials, donation jars, Web sites, etc. are created, distributed and managed by HSHA administration. Staff and/or volunteers should not distribute materials such as these on behalf of HSHA without permission.

Volunteer Name (printed): _____

Volunteer Signature: _____ Date: _____