



Greenhill Humane Society, SPCA
Volunteer Manager
88530 Green Hill Road
Eugene, OR 97402
(541) 689-1503 ext. 116
volunteer@green-hill.org

Volunteer Application

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Employment: _____
Company name/School name

Occupation: _____
(Job title or description)

Employer has matching or time off program? Y N (circle one)

Your Phone: (H) _____ (W) _____ (Cell) _____

Your Email: _____
Preferred method of contact: Home Phone ___ Email ___ Cell Phone ___ Work Phone ___ Message ___

Do you have a valid Oregon driver's license? Yes ___ No ___ DL # _____

In case of emergency, please notify: _____

Relationship: _____ Phone: _____

**Do you have any limitations of which we should be aware of before you begin volunteering?
If yes, please explain:**

Why are you volunteering at the Greenhill Humane Society?

Help Homeless Animals Community Service Credit (through school) Placement w/Vocational Counselor or Case Manager

Interests

Cattery	Small Animals	___ Software/Photography
___ Cattery Cleaner	___ Cleaning Specialist	___ Clerical Assistant
___ Companion/Greeter	___ Socialization	___ Front office/Telephones
Kennel	___ Special Events	___ Lawn & Garden
___ Kennel Cleaner	___ Foster Care	___ Maintenance & carpentry
___ Dog Walker	___ Transporting Animals	___ Other _____
___ Runner		

What special skills, talents or abilities do you have that you would be interested in sharing with us for special projects? (Ex. Writing, photography, phone skills, customer service skills, computer skills, clerical skills, etc.)

Days and times I am available to volunteer (please check all that apply):

Shift one is 9:00 – 11:00, shift two is 11:00 – 1:00, shift three is 1:00 – 3:00, shift four is 3:00 – 5:00 (6:00 on days we are open)

	Shift One	Shift Two	Shift Three	Shift Four
Sunday:	_____	_____	_____	_____
Monday:	_____	_____	_____	_____
Tuesday:	_____	_____	_____	_____
Wednesday:	_____	_____	_____	_____
Thursday:	_____	_____	_____	_____
Friday:	_____	_____	_____	_____
Saturday:	_____	_____	_____	_____

If you are interested in a cleaning position, would you be able to commit to at least 3 – 6 hours a month for at least three months? Yes_____ No_____

If you are interested in a socialization position, would you be able to commit to at least 3 – 6 hours a month for at least six months? Yes_____ No_____

Reference	
Name: (Personal, professional or school)	
Phone #:	
Describe relationship with reference and duties performed at organization if applicable:	

I understand that public relations is an important part of volunteering at GHS. On behalf of myself, my heirs, personal representatives and executors, I allow GHS to use any photographs taken of me for use in public relations efforts and training materials.

Do you understand and agree to this statement? Yes ___ No ___

Greenhill Humane Society, SPCA tries to find loving and permanent homes for all of the animals cared for. However, due to medical and behavioral reasons, Greenhill Humane Society, SPCA, performs humane euthanasia because it may sometimes be the only and necessary option. Would you like to speak with a GHS representative about this policy prior to volunteering? Yes _____ No_____

Do you understand this policy? Yes _____ No_____

**The Greenhill Humane Society, SPCA
Waiver, Release, and Indemnification Agreement**

This agreement is entered into with The Greenhill Humane Society (GHS) jointly by the undersigned _____ (print your name), in order to permit the Volunteer to participate in the In-Shelter Volunteer program. This Agreement is for the benefit of GHS and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "Indemnitee" and collectively as "Indemnitees").

Volunteers have been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. As such, the Greenhill Humane Society cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that there are risks associated with working with shelter animals.

Volunteers are aware that injuries, loss or damage to personal property, and death may occur as a result of Volunteer's participation at the shelter. Volunteers agree that GHS and Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of GHS, any Indemnitee, or a third party.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates at the shelter.

Volunteers fully, completely, and unconditionally waive and release each Indemnitee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteers may have now or in the future against GHS or any Indemnitee relating to participation at the shelter.

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public at the shelter. Should an accident or other medical emergency occur while participating at the shelter or while Volunteer is en route to or from GHS-sponsored events and GHS staff members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for GHS staff members to authorize necessary hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery, and medication.

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

Volunteers represent and warrant that each of them has the authority to enter into this agreement.

If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

I understand that as volunteer I may gain access to information about GHS, customers, or staff that is confidential. I agree to maintain confidentiality and refuse disclosure of any information that is either private or personal.

Volunteer: _____ Date: _____
(Signature)

Parent Signature if volunteer is under 18: _____

Background Check Request

To better protect any members of vulnerable populations (children, elderly person, physically or mentally disabled persons) and in compliance with our general liability insurance, we may run background checks on GHS volunteers.

Name: Last _____ First _____ Middle _____

Maiden/Alias Names: _____

Address: _____

City: _____ State: OR Zip: _____

Date of Birth: ____ - ____ - ____

I hereby grant Greenhill Humane Society, SPCA permission to perform a background check on me including checking civil and criminal court records and DMV records.

Applicant's Signature: _____ Date: _____

Do you currently carry medical insurance? Yes ___ No ___

Please list medical information below:

(Name of insurer)

(Policy Number)

(Insurer's telephone number)

(Physician's name)

(Physician's telephone number)