



Greenhill Humane Society, SPCA
Volunteer Coordinator
88530 Green Hill Road
Eugene, OR 97402
(541) 689-1503 ext. 114
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 __ Work Phone __ M

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

In case of emergency, please notify: _____

Relationship: _____ Phone: _____

Do you have any physical, medical or psychological limitations or disabilities? (i.e., heart condition, mental illness, learning disabilities, back injuries, epilepsy, etc.) If yes, please explain:

Why are you volunteering at the Greenhill Humane Society?

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

Interests

Cattery

Cattery Cleaner
 Companion/Greeter

Small Animals

Cleaning Specialist
 Socialization

Software/Photography

Clerical Assistant
 Front office/Telephones

Kennel

Kennel Cleaner
 Dog Walker

Special Events
 Foster Care
 Transporting Animals

Lawn & Garden
 Maintenance & carpentry
 Other

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: _____

Reference	
Name: Personal: Professional: School: Other:	
Phone #:	
Describe relationship with reference and duties performed at organization if applicable:	

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.

Do you understand this policy? ____ Yes ____ No

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**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 "Indemnatee" 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 Indemnatee, or a third party.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnatee 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 Indemnatee 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 Indemnatee 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: _____

Medical Information:

(Name of insurer)

(Policy Number)

(Insurer's telephone number)

(Physician's name)

(Physician's telephone number)