



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

For Office Use Only

Date: _____

Picture ID # _____

Materials Fee Paid: Yes ____ No ____

Volunteer Application

Date: ____/____/____

Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____

- Must be at least 12 years old to volunteer while accompanied by an adult
- Must be at least 16 years to volunteer alone

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

Email: _____

Preferred method of contact: Home Phone ____ Email ____ Cell Phone ____ Work Phone ____

Employer/occupation: _____

In case of emergency, please notify: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

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

Have you ever been convicted of a crime (misdemeanor or felony)? Yes ____ No ____

If yes, please describe the nature of the crime: _____

Why are you volunteering at the Greenhill Humane Society?

Help Homeless Animals School Community Service Credit Placement w/Vocational Counselor

How did you hear about volunteering at Greenhill?

GHS Website ____ Newspaper ____ Radio ____ Friend/Family ____ Volunteer Match ____ Other ____

Please list any special skills you would be interested in sharing with us (Ex. Writing, photography, phone skills, customer service skills, computer skills, clerical skills, etc.):

Please bring your completed application and photo ID to your volunteer interview

Interests

Cattery Cleaner
 Cattery Companion
 Kennel Cleaner
 Dog Walker
 Small Animal Room Cleaning Specialist
 Small Animal Socialization
 Special Events
 Foster Care (please fill out a foster care application)

Animal transport
 Software/Photography
 Administrative Assistant
 Front office customer service assistant
 Lawn & Garden
 Maintenance & carpentry
 Other _____

Please indicate the days and times you would be regularly available to volunteer:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____
 Friday _____ Saturday _____ Sunday _____

Cleaning positions require a three month commitment; would you be able to commit to at least 2 hours a week, 2 – 4 weeks a month, for at least three months? Yes _____ No _____

Socialization positions require a three month commitment; would you be able to commit to at least 2 hours a week, every week, 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 animals in our care. However, if an animal in our care develops severe medical or aggressive behavior problems, GHS will euthanize if it is in the best interest of the animal. All decisions to euthanize are made only after extensive discussion and with approval by the Director of Shelter Medicine and executive staff. 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, 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: _____