



## **Columbia Gorge Humane Society Volunteer and Dog Walking Application**

We want to always promote a safe, fun and effective environment for animals, staff and volunteers. Completing the Volunteer and Dog Walking application will help us get you set up to help in a way that is fulfilling to you and productive for Columbia Gorge Humane Society.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**IF UNDER 18** (Legal guardian or parent must be present while minor is volunteering.)

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Employer/School Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contact** (Please provide two emergency contacts.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**What volunteer opportunities interest you the most?**

- Office Work                  Photography                  Arts and Crafts                  Fundraising
- Cat Care                      Dog Training                  Dog Walking                  Outreach
- Cleaning                      Transportation                  Pet Adoption Events
- Other: \_\_\_\_\_

**Why are you Volunteering at Columbia Gorge Humane Society?**

- To help homeless animals                  Placement w/vocational Counselor or Case Manager
- Court mandated community service                  Community Service Credit (through school)
- Other: \_\_\_\_\_

If volunteering with a vocational counselor or case manager, please list the following

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Hours required: \_\_\_\_\_  
Agency: \_\_\_\_\_

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: \_\_\_\_\_

Please list any previous volunteer experience:

<b>Agency</b>	<b>Activity</b>	<b>Dates</b>

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What attracted you to Columbia Gorge Humane Society?

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What are your goals as a volunteer at Columbia Gorge Humane Society?

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Do you have any experience with public communication/interaction?

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Please list any specific skills or talents that might be useful in your volunteer adventure:

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When are you available?

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

In signing this agreement, I understand and agree to the following:

- I will treat all animals, people, and property I come in contact with at the Columbia Gorge Humane Society with respect.
- I will refrain from using profanity and conduct myself with courtesy at all times.
- I will be on time for my scheduled shift. Accurate tracking of my volunteer hours directly aids in the Society's ability to obtain grants.
- I agree to make contact with the Volunteer Coordinator should I wish to terminate my Volunteer services.
- I will wear a Columbia Gorge Humane Society t-shirt and name tag while volunteering if working with the community during any events or fundraisers.
- I will come appropriately dressed, wearing close-toed shoes, pants, and clothing appropriate for my position. If I am wearing shorts or open toed shoes I may be asked to leave due to safety risks. For safety reasons, we ask that volunteers cover or refrain from wearing visible body piercings, except for ears.

- I agree to be supervised by the Volunteer Coordinator or a designated staff person. If I feel that a communication problem exists between paid staff and myself I will report the problem to the Volunteer Coordinator as soon as possible.
- I give Columbia Gorge Humane Society (“CGHS”) the right and permission to use my name, likeness, and voice, together with my endorsement or testimonial (whether written or oral), in all types of advertising and promotion This right and permission includes photographs, video recordings audio recordings, and all other media in which my name, likeness, or voice may be reproduced.
- CGHS will own any materials and inventions I prepare or make that are related to my job, whether or not made on my own time or in a volunteer capacity CGHS will also own any materials or inventions I prepare or make during work or donated volunteer hours or using CGHS resources or facilities I will sign any additional papers CGHS requests to allow CGHS to obtain patent, copyright, or trademark protection in its name for these materials and inventions.
- I understand that as a volunteer I may gain access to information about CGHS, customers, or staff that is confidential I agree to maintain confidentiality and to refuse disclosure of any information that is either private or personal.
- I understand that I need to use appropriate and civil communication. If during your volunteering you have questions or concerns regarding the shelter animals or shelter policies, you are agreeing to bring those questions or concerns directly to the Executive Director at an appropriate time. Undermining or negative opinions discussed with shelter staff other than the Executive Director or shared on social media outlets will not be tolerated and will result in immediate termination as a volunteer. These situations can directly harm our animals.

Volunteering at the Columbia Gorge Humane Society is at-will. Active volunteer status at CGHS may be terminated for any reason, with or without cause or notice, at any time by either parties-the volunteer or CGHS. I understand that if I have no reported hours for six (6) months, my active status as a volunteer will be removed.

Date: \_\_\_\_\_

Print Volunteer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Staff Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## **Columbia Gorge Humane Society Volunteer Waiver, Release, and Indemnification Agreement**

This agreement is entered into *with* Columbia Gorge Humane Society (CGHS) 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 CGHS and each of its staff member's 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 shelter animals is hazardous and involves contact with animals that are unpredictable. As such, Columbia Gorge Humane Society cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that the following are some, but not all, of the risks associated with working with shelter animals:

- Bites or scratches from dogs, cats, rabbits, rodents, and birds
- Being knocked down or pulled excessively by a dog
- Injuries relating to wrist/hand/fingers from a dog leash
- Slips/trips/falls resulting from wet floors/kennels or equipment
- Hitting heads on objects such as cage doors/kennel walls/hose boxes, etc
- Water or cleaners sprayed in eyes
- Injuries resulting from cage doors, equipment, etc.
- Flea/tick bites or ring worm infestation
- Internal or external parasites
- Zoonotic illnesses (human illness contracted from animals)
- Animal illness exposure to animals at home
- Injuries related to lifting animals, food, litter, or equipment
- Injuries caused from grooming equipment-such as clipper blades, shears, driers
- Exposure to cleaners, latex gloves, bleach, parasite control products
- Exposure to or incidents relating to the public (outbursts, inappropriate contact)
- Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact)
- Loss of personal property
- Any type of damage to car while parked on CGHS grounds
- Damage to clothing from animals, cages, chemicals, etc.

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation at the shelter. Volunteers agree that CGHS 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 CGHS, 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 HALHS 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 CGHS-sponsored events and CGHS staff members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for CGHS 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.

In signing below I hereby agree to all terms and conditions set forth in this agreement.

Date: \_\_\_\_\_

Print Volunteer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Staff Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Medical Information:

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

**Thank you for your interest in volunteering!**  
**Columbia Gorge Humane Society**  
**200 River Rd. The Dalles, OR 97058**  
**541-296-5189**