

Mendocino Coast Humane Society

Volunteer Application

Name: _____

Are you 18? Yes No

Street Address: _____

City State & Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Mailing Address: (if different) _____

City State & Zip: _____

Interested in Volunteer Activities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cat Socializer | <input type="checkbox"/> Foster Kittens | <input type="checkbox"/> Feral Kitten Socializer |
| <input type="checkbox"/> Dog Walker | <input type="checkbox"/> Dog Trainer | <input type="checkbox"/> Foster Puppies |
| <input type="checkbox"/> Ark Thrift Store | <input type="checkbox"/> Small Construction Projects | |
| <input type="checkbox"/> Fold, Staple & Stamp | <input type="checkbox"/> Literature Drop-Off | <input type="checkbox"/> Errands |
| <input type="checkbox"/> Pet Photos & PetFinder | <input type="checkbox"/> Community Event | |
| <input type="checkbox"/> Other Talents _____ | | |

Current on Tetanus shot? Yes No If no, will you sign a Tetanus Waiver? Yes No

Licensed and insured driver? Yes No

Medical conditions we should be aware of? _____

Emergency Contact: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Non-Local Emergency Contact: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Signature

Date

Mendocino Coast Humane Society

Name: _____

In signing below, I understand and agree to the following:

- I authorize the Mendocino Coast Humane Society (MCHS) to seek emergency medical treatment for me in case of accident, injury or illness at my own cost.
- I agree to support the missions of MCHS.
- I agree to abide by the MCHS policies and procedures and to follow the instructions of the MCHS Director and employees.
- I will take ideas, constructive comments, suggestions and criticisms to the MCHS Director and employees and I agree to be supervised by the MCHS Director and employees.
- If communication problems develop between employees and me, as a volunteer I will report these to the MCHS Director as soon as possible.
- I understand that all MCHS records are confidential, including pet ownership.
- I understand that if I am injured while acting as an unpaid member of volunteer staff, that I am responsible for all medical care and the California State Worker's Compensation Law does not cover me.
- MCHS has my permission to use any and all photographs taken of me to promote MCHS or to publicize any event. I understand that all prints and negatives become sole property of MCHS and may be used without payment or prior notification.

Signature _____

Date _____

General Waiver and Release Form

I, the undersigned, agree to release, discharge, indemnify and hold harmless Mendocino Coast Humane Society (MCHS), its officers, directors, employees for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, expenses and suits at law or in equity to my personal property that arise out of my performing services for MCHS.

I recognize that in handling animals while performing services for the MCHS, there is a risk of injury including, but not limited to, personal physical harm. I hereby release, discharge, indemnify and hold harmless MCHS, its officers, directors, employees for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages and expenses connected with my services to MCHS whether caused directly or indirectly by any negligence (active or passive) attributable to the MCHS, its officers, directors, employees.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing MCHS General Waiver and Release Form and that I agree and will comply with same.

Signature _____

Date _____

Confidentiality Agreement

I understand and agree that in the performance of my duties at any Facilities served by MCHS, I must hold all pet ownership and information, employee and financial information in confidence. I understand that any violation of confidentiality may result in disciplinary action including termination of my volunteer position and liability for civil damages.

Signature _____

Date _____