

HIGH SIERRA ANIMAL RESCUE
103 Meadowridge Lane Portola, CA 96122 (530) 832-4727

VOLUNTEER INFORMATION

Date_____

Name_____ E-mail Address_____

Mailing Address_____ City_____ State_____ Zip_____

Home Phone_____ Work Phone_____ May we phone you at work?_____

Occupation_____ Employer_____

How did you find out about the volunteer program?_____

Do you already receive mail from HSAR?_____ Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies, etc.)? If yes, please explain: _____

Are you at least 21 years of age? _____

- Areas of Interest:
- _____ Walking/Jogging at the Rescue Facility
 - _____ Dog massage and Quiet Time / Socializing Dogs at the shelter
 - _____ Taking dogs out of the shelter for Field Trips
 - _____ Showing Dogs for Adoption at Petco in Reno (Saturdays only)
 - _____ Socializing Cats at the Rescue Facility
 - _____ Providing a foster home for "special needs" animals
 - _____ Transportation to and from the veterinary clinics in Reno
 - _____ Learn more about canine training and work with the rescue dogs
 - _____ Clerical/Office Work (some can be done at home)
 - _____ Humane Education Committee
 - _____ Fund Raising or Special Events
 - _____ Becoming a Board Member

Emergency Contact:

Name_____ Relationship_____

Home Phone_____ Work Phone_____

Home Address_____ City_____ State_____ Zip_____

APPLICANT'S AGREEMENT

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

I authorize HSAR to seek emergency medical treatment in case of accident, injury or illness.

I agree to abide by the volunteer guidelines presented to me at the volunteer orientation and training meetings.

I will take ideas, constructive comments, suggestions and criticisms directly to the program leader and agree to be supervised by the program leader.

If communication problems develop between employees and myself, as a volunteer I will report these to the program leader as soon as possible.

I understand that HSAR records regarding previous and new owners are to be kept confidential.

I understand that because I may handle animals, it is important to discuss animal-related vaccinations with my physician.

HSAR feels it is important for all volunteers to be current on their tetanus vaccination if they will be handling animals as a HSAR volunteer. If a volunteer has questions about the tetanus vaccination, he or she is encouraged to consult a physician, at the volunteer's own expense, to decide whether or not to be vaccinated against tetanus.

I release High Sierra Animal Rescue from all responsibility that may occur because of my not pursuing the pre-rabies exposure vaccination series and I understand that whatever decision I make regarding this vaccination is at my own risk.

I understand that volunteers are not classified as "employees" and therefore, if I am injured while acting as an unpaid member of the volunteer staff that I am not covered by California State Worker's Compensation Law.

- 1) I agree to fully and completely release HSAR, its officers, volunteers, agents, employees, contractors and representatives, from any liability of any kind whatsoever arising from any health or temperament issues the Dog may have or may develop, and/or from any and all claims relating to my volunteer work with HSAR.
- 2) I agree to indemnify and hold harmless HSAR, its officers, volunteers, agents, employees, contractors and representatives from any all losses, fines, claims or damages, including reasonable attorneys' fees, arising out of or relating to my work as a volunteer with HSAR.
- 3) I certify that all of the information provided by me herein is true and correct. I certify that I am at least 21 years of age and fully understand the contractual obligations set forth above.

HSAR has my permission to use any and all photographs taken of me to promote society services and programs or to publicize any event. I understand that all prints and negatives become sole property of HSAR and may be used without payment or prior notification.

By signing this document, I attest to having read, understood and agreed to the above:

Date _____ Signature _____

Print Name _____

Parental consent is necessary for those volunteers under the age of (21).

Date _____
Signature of Parent or Guardian _____