**Approved\_\_\_\_\_ Denied\_\_\_\_\_**

**For AHHS Use Only Background Check\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Almost Home Humane Society**

**Adult Volunteer Application (18+)**

1705 S. 2nd St., Lafayette, IN 47905 Phone: 765-474-5222

**STOP**: If you are here to work through **court-ordered community service** this is not the correct application. Please ask at the front desk for the correct form.

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nickname (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current (local) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drivers License/State Issued ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Tell us why you want to be a volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Briefly describe any of your past animal/vet clinic/shelter experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Are you currently: Employed \_\_\_\_\_\_\_ Student \_\_\_\_\_\_\_\_ Retired \_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_**
4. **Have you been convicted of a crime? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ (If yes please speak with coordinator) \*Anyone over the age of 18 is subject to a background check**
5. **Have you ever volunteered for AHHS before? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_**
   1. **If yes, why are you needing to reapply? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Have you ever volunteered at any other animal shelters before? Yes\_\_\_\_\_ No\_\_\_\_\_**
   1. **If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Please circle which areas you are interested in volunteering in:**

* **DOGS**
* **CATS**
* **UPKEEP TEAM**
* **FRONT DESK HELPER/GREETER**
* **ONSITE/OFFSITE EVENTS**

1. **Any other comments, interests, or special skills/talents:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please read and INITIAL the following:**

**\_\_\_\_\_\_ I certify that the information I have provided is true and accurate to the best of my knowledge.**

**\_\_\_\_\_\_ I understand that I am not guaranteed a spot in the volunteer program.**

**\_\_\_\_\_\_ I understand that the Volunteer Coordinator will review my application and email me to inform me if I have been approved or denied.**

**\_\_\_\_\_\_ I understand that if I am over the age of 18 I am subject to a background check.**

**PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AHHS Volunteer Liability Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am at least 18years of age and accept a position as a volunteer for the Almost Home Humane Society (hereinafter referred to as AHHS). I agree to comply with all the rules and regulations established by the AHHS and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided on a volunteer basis without pay or compensation.

I am aware of the dangers which are inherent in the handling of animals and the hazards which are encountered while being at a humane society. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless AHHS and its agents, servants board of directors, and employees from any and all claims, causes of action, or demands of any nature of cause, including, but not limited to, animal bites, accidents, injuries, and damage to or loss of personal property.

I understand that as a volunteer, I am to represent AHHS accurately and professionally and will not slander or libel against AHHS. AHHS has a 3-strike system and I will abide by the rules of the shelter. After 2 warnings and on the 3rd warning, I will be dismissed from the program.

I understand as a volunteer, I am not covered by any worker’s compensation policies of AHHS.

I understand that public relations is an important part of volunteering with AHHS and give AHHS permission to use and publish photographs and video images taken of me as a volunteer for use in its public relations efforts.

I understand that I am required to meet privately with the Volunteer Coordinator to discuss any physical conditions I may have, or medication I may be taking affecting my blood clotting function or immune system. This would include conditions such as, but not limited to taking blood thinners, aspirin therapy, any autoimmune disease, HIV, hepatitis, chemotherapy, or immune system suppressants. I understand a release from my physician may be required in order to best protect me from injury.

* I have the following allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No Allergies: \_\_\_\_\_\_
* I have the following medical condition(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None: \_\_\_\_\_\_\_

**In case of emergency, I authorize AHHS to arrange for emergency medical treatment after attempting to notify the contact listed on my application.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Almost Home Humane Society**

**Emergency Contact Form**

1705 S. 2nd St., Lafayette, IN 47905 Phone: 765-474-5222

**Volunteer’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Emergency Contact**

**Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact’s Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Emergency Contact**

**Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact’s Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For AHHS Use Only:**

**Allergies:**

**Medical Conditions:**