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

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

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

**Almost Home Humane Society**

**MINOR Volunteer Application (13-15 years old)**

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

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

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

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

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

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

**T-Shirt Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian or designated other who will be volunteering with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Tell us why you want to be a volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Briefly describe any of your past animal/vet clinic/shelter experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Have you ever volunteered for AHHS before? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_**
	1. **If yes, why are you needing to reapply? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Have you ever volunteered at any other animal shelters before? Yes\_\_\_\_\_ No\_\_\_\_\_**
	1. **If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **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:**

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

**\*\* Volunteers under the age of 16 MUST be accompanied by a parent or guardian at all times while volunteering at Almost Home Humane Society. Parents need to fill out their own application.**

**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.**

**PRINTED NAME OF MINOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME OF PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**AHHS Volunteer Liability Release (Minor: 13-15 yrs.)**

**Please note: you must remain with your child at all times**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as ‘child’) and by my signature give consent to my child to act as a volunteer for the Almost Home Humane Society (hereinafter referred to as AHHS). My child will 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 child’s immediate termination as a volunteer.

I acknowledge that my child’s 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 child, 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 public relations is an important part of volunteering with AHHS and give AHHS permission to use and publish photographs and video images taken of my child as a volunteer for use in its public relations efforts. I understand that AHHS has a 3-strike system and my child will abide by the rules of the shelter. After 2 warnings and on the 3rd warning, they are dismissed from the program.

I understand that I am required to meet privately with the Volunteer Coordinator to discuss any physical conditions my child may have, or medication they are taking affecting their 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 child’s physician may be required in order to best protect my child from injury.

My child has the following allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following medical condition(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**AHHS Volunteer Liability Release (Minor: 13-15 yrs.)**

**Please note: you or another designated adult must remain with your child at all times**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the parent/legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as ‘child’), and I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ associated with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to bring my child to Almost Home Humane Society (hereinafter referred to as AHHS) to volunteer and by my signature give consent to my child to act as a volunteer for the AHHS. My child will 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 child’s immediate termination as a volunteer.

I acknowledge that my child’s 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 child, 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 public relations is an important part of volunteering with AHHS and give AHHS permission to use and publish photographs and video images taken of my child as a volunteer for use in its public relations efforts. I understand that AHHS has a 3-strike system and my child will abide by the rules of the shelter. After 2 warnings and on the 3rd warning, they are dismissed from the program.

I understand that I am required to meet privately with the Volunteer Coordinator to discuss any physical conditions my child may have, or medication they are taking affecting their 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 child’s physician may be required in order to best protect my child from injury.

My child has the following allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following medical condition(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:**