



HSCAZ Shelter
 605 W Wilson Ct
 Payson, AZ 85541
 (928) 474-5590

YOUTH VOLUNTEER APPLICATION

Contact Information (Please print clearly)

Today's Date: _____

Name: _____

Date of Birth: _____

Mailing Address: _____

City, State Zip: _____

Physical Address (if different than mailing address): _____

City, State Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Availability (During which hours are you available to volunteer?)

___ After school

___ Saturday mornings

___ During school and summer break

___ Saturday afternoons

The following opportunities are available for youth volunteers*

*Youth Volunteers must be 12 years of age or older and accompanied by parent or guardian. Ages 16 & 17 must have parent or guardian permission but do not need to be accompanied.

Areas of Interest (Choose an available area of interest)

Animals (Youth 12 years of age and older)

Cats: _____ Socialization

Other: _____ Dishes/Housekeeping

Animals (Youth ages 16 and 17)

Dogs: _____ Yard Play w/staff supervision

Cats: _____ Socialization

Person to Notify in Case of Emergency

Name: _____

Home Address: _____

City, State Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Print Name: _____ Date: _____

Signature: _____

LIABILITY RELEASE FORM

HUMANE SOCIETY OF CENTRAL ARIZONA

Volunteer Consent and Liability Release

General Consent

I will hold the Humane Society of Central Arizona, (HSCAZ) its board, officers, and employees harmless from any and all injuries, accidents, or losses that may befall me whether from natural or man-made causes, foreseeable or unforeseeable, expected or unexpected.

I assume full responsibility for my own safety, health, and well-being during my time volunteering at the shelter for the HSCAZ.

In the event of an accident or costs, expenses, or any damages whatsoever, I shall not seek compensation in any way or seek any legal redress claim or action, causes of action or costs from the HSCAZ, its board, officers, and/or employees or individually or be entitled to any attorney's fees that may accrue from any claim arising out of any accident from this date forward.

Volunteer Participation

I acknowledge that I am freely volunteering at and for the Humane Society of Central Arizona.

Assumption of Risk

I am aware that as a volunteer I may be working with or exposed to animals, which may be a hazardous activity. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of injury or damages associated therewith including, but not limited to, damage to personal property, personal pets, personal injury, bodily injury, or death.

Knowing and Voluntary Implementation

I have carefully read this consent and release and fully understand its contents. I am aware this is a Release of Liability and a contract signed of my own free will.

Background Check

I am aware that as a volunteer I acknowledge that I have not been convicted of a felony and agree to a background check.

Print Name: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____



HUMANE SOCIETY
OF
CENTRAL ARIZONA

PHOTO RELEASE FORM

HUMANE SOCIETY OF CENTRAL ARIZONA



I, the undersigned, do hereby consent and agree that HSCAZ, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on _____(today's date) , and to use these in any and all media, now or hereafter known, and exclusively for promotional and training purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

Name: _____ Date: _____

Address: _____

Phone: _____

Parent/Guardian Signature: _____

I DO NOT authorize photos, video, etc. to be used for any reason.



COMMITMENT

HUMANE SOCIETY OF CENTRAL ARIZONA

Standards of Behavior for Volunteers

The Humane Society of Central Arizona (HSCAZ) shelter is a safe haven for all animals in need and functions as the nucleus for the community's animal care and control program. It teaches humane principles in the community and protects animals from cruelty and suffering. The staff and volunteers must provide quality care for all animals in its charge, making every effort to provide a safe, comfortable and healthy environment.

At The Shelter

Shelter staff and volunteers should strive to maintain a positive attitude and an inviting atmosphere to encourage the public to bring in stray and unwanted animals. If there are too many obstacles to surrendering animals, people are more likely to abandon them.

Shelter staff and volunteers should provide the most comfortable, stress-free environment possible for the animals in their care. If there is negative energy in your words or actions, the animals will sense this. It is very important to maintain a positive work environment for the health of the animals.

The Public

HSCAZ interacts with the public daily. This interaction might be at the shelter or at a fair or at a meeting or in random encounters. The HSCAZ volunteers are the face and voice of our organization. Our volunteers must believe in HSCAZ core values of respect, compassion and kindness. These core values need to be shared when dealing with the public.

Our community is a staunch supporter of our shelter. It is extremely important that all volunteers act only in a professional, courteous and positive way to the public. Positive, upbeat interaction with the public creates confidence in our efforts at the shelter. Negative comments and gossip creates suspicion and uneasiness and can be very harmful to our efforts at the shelter.

Concerns and Ideas

Volunteers are a wonderful resource for new ideas in how to improve the operation of HSCAZ. The HSCAZ welcomes your ideas and concerns. Please contact the Volunteer Coordinator or the Operations Director through the shelter office or email. We are happy to meet with you, talk to you over the phone, or exchange emails concerns and ideas.

Discussion of concerns and ideas when with the public is inappropriate. The passerby can over hear what they believe fact and that can start rumors that cause the public to be upset and consequently harm efforts at the shelter.

It is critical to the success of the shelter and the welfare of the animals in our care that these Standards of Behavior are followed.

Volunteer Agreement and Acceptance

I, _____, agree to conduct myself in accordance with the HCSAZ Standards of Behavior and I further understand that failure to conduct myself in accordance with the HCSAZ Standards of Behavior will result in termination of my volunteer status.

Signature: _____ **Date:** _____



PARENTAL CONSENT

This form is to be completed by the legal guardian of the minor. The minor must be 12 years old to 15 years old to volunteer with the supervision of the legal guardian. The minor must be at least 16 years old to volunteer with signed consent form and no legal guardian supervision.

I am the parent or legal guardian of _____ and hereby give my consent to allow him/her to perform volunteer services for Humane Society Central Arizona (HSCAZ).

I fully understand and acknowledge that:

- Any service is to be performed in accordance with the policies, procedures, and guidelines of HSCAZ.
- Violation of HSCAZ policies, procedures and guidelines will be cause for termination.
- All services performed by my son/daughter/ward are strictly voluntary, without pay and without liability of any nature on behalf of HSCAZ.
- All services are performed at his/her own risk.

I hereby release, and hold harmless HSCAZ against any and all claims, causes of action, demands, judgments or fees incurred by HSCAZ, which could be in any way associated with his/her services for HSCAZ including but not limited to animal bites, accidents or injuries.

My signature below indicates that I have read, understand and agree with each of the above conditions.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Name of Minor: _____