



GALVESTON ISLAND HUMANE SOCIETY ADULT VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ TDL #: _____

Email Address: _____ DOB: _____

Do you have any experience as a volunteer? If so, with what organization: _____

Volunteering at the GIHS is not always only animal related; it can also involve contact with the general public. How do you feel about interacting with all types of people? _____

Sadly, there are instances when animals are termed "unadoptable" and have to be humanely euthanized. How do you feel about this? _____

What are your thoughts on spaying and neutering? _____



If you have any companion animals of your own, please tell us about them. _____

Do you have any special interests, skills or hobbies? _____

Do you speak a second language? Yes _____ No _____ If yes, what language(s)? _____

Do you need to receive credit for hours worked? Yes _____ No _____ If yes, who will you report these hours to? _____

Please list your Emergency Contact. Name: _____

Phone #: _____ Relationship: _____

Please select the days and times you would be available to volunteer. The work day begins at 8 am. Public shelter hours are Monday thru Friday, 11 am to 6 pm, and Saturdays from 11 am to 5 pm.

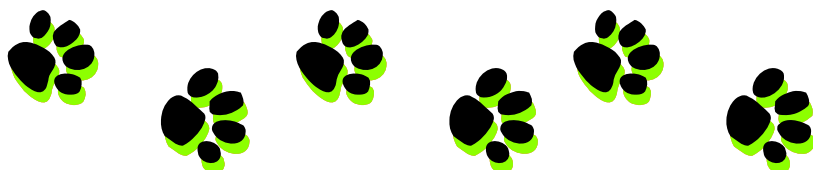
Monday	AM/PM	Tuesday	AM/PM	Wednesday	AM/PM
Thursday	AM/PM	Friday	AM/PM	Saturday	AM/PM

Are you available regularly each week? Yes _____ No _____

How much time do you anticipate volunteering with GIHS? _____ per week, _____ per month

Please indicate which areas you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> Direct animal care | <input type="checkbox"/> Shelter adoption counselor |
| <input type="checkbox"/> Off site adoptions | <input type="checkbox"/> Bathing and exercising dogs |
| <input type="checkbox"/> Educational programs | <input type="checkbox"/> Fund raising activities |
| <input type="checkbox"/> Clerical/Data entry | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Pet therapy program in nursing homes |



**GALVESTON ISLAND HUMANE SOCIETY, INC
VOLUNTEER RELEASE**

I, _____, hereby agree that upon accepting a position as a volunteer worker with the Galveston Island Humane Society, Inc. (herein referred to as GIHS), to comply with all rules and regulation established by GIHS, and I understand that failure to do so may result in my immediate termination as a volunteer. As a volunteer, I will agree to do my best to represent the GIHS to the public in an accurate and professional manner.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of GIHS, all services to be performed at my own risk.

I recognize that in handling animals and performing other volunteer tasks, there exists the risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless GIHS, its agents and employees from any and all claims, causes of action, or demands of any nature of cause, including costs and attorney fees incurred by GIHS in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for GIHS, including but not limited to animal bites, accidents or injuries.

I understand the public relations are an important part of volunteering at GIHS. On behalf of myself, my heirs, personal representatives and executors, I hereby allow GIHS to use any photographs taken of me for use in public relations efforts.

Signature

Date

