

# OM HOME HEALING SANCTUARY

## New Volunteer Onboarding Packet

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EIN: 87-4335932

Washoe County, Nevada

Effective: February 24, 2026

## Welcome

Welcome to Om Home Healing Sanctuary! Volunteers are essential to our mission. This onboarding packet must be completed prior to beginning volunteer service.

### Step 1 – Volunteer Information Form

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name & Phone: \_\_\_\_\_

### Step 2 – Volunteer Handbook Acknowledgment

I acknowledge receipt of the Om Home Healing Sanctuary Volunteer Handbook and agree to comply with its policies.

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

### Step 3 – Liability Waiver Confirmation

I confirm that I have read and signed the Volunteer Liability Waiver & Release Agreement.

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

### Step 4 – Safety Orientation Checklist (Supervisor Use)

- Facility tour completed
- Animal safety briefing completed
- Tool/equipment orientation completed
- Emergency procedures explained
- Wildlife interaction restrictions explained

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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

**Optional – Media Opt-Out**

If you do NOT wish to appear in photographs or videos, please initial here: \_\_\_\_\_