ALBANY HUMANE SOCIETY

SWAC
SALLY WETHERBEE ADOPTION CENTER

Thank you for choosing to Volunteer! Please complete the following questions to help guide our conversation today.

Your Name(s): Mr./Mrs. _____

Address: _____ City/State/Zip : _____

Cell Phone: _____ Home Phone:_____ Work Phone:_____

Email Address: _____

(We do not send SPAM, but we do periodically reach out to volunteers for specific events via email.)

Best way to reach you by phone: ☐ Home ☐ Cell ☐ Work

Best time of day to be reached: ☐ Morning ☐ Afternoon ☐ Evening

Date of last Tetanus shot: _____

(If you are unsure, please consult with your physician. Working with animals carries a significant risk of being bitten by an animal. If you have not had a Tetanus shot within the last 10 years, your volunteer activity will be limited)

Tell us what kind of volunteer work you are interested in.

☐Adopt events or fundraisers

☐ Art or Photography

☐ Animal socialization

☐ Kennel assistant

Other info you would like to share?

_____

_____

_____

Thank you for choosing to be a part of our team of volunteers and for your part in helping us save lives at Albany Humane Society!

I have read, understand, and agree to the following: (please initial each statement)

_____ I agree that I will always conduct myself in a business-like manner while working as an AHS volunteer. Whether working at the Shelter, Adoption Center or representing AHS at any other function or location.

_____If, while performing my volunteer duties, I find that I have questions regarding the Policies and Procedures of the Albany Humane Society, I will bring these questions to the Director or Volunteer Coordinator. I will not discuss them with other staff or with the public.

_____I agree to bring ideas, constructive comments, suggestions, and criticisms to the Director or Volunteer Coordinator. If communications problems develop between myself and other volunteers or staff, I will immediately discuss the problem with the Director or Volunteer Coordinator.

_____I understand that, while working as an unpaid AHS Volunteer, I am not covered by the GA State Worker's Compensation Law, and that if I am injured or become ill during the performance of my duties, I will not be covered by Worker's Compensation Insurance or any other form of Insurance through the Albany Humane Society.

_____I authorize the Albany Humane Society, Inc. to seek emergency medical treatment for me in the case of accident, injury, or illness. I understand that said emergency medical treatment shall be at my own expense, and I agree to hold the Albany Humane Society, Inc. harmless in the event of such an accident, injury and/or illness.

_____I understand that I am about to participate in the Volunteer Program at the Albany Humane Society, Inc and I am doing so entirely upon my own initiative, risk and responsibility, and with the understanding that the animals I may be caring for **may be dangerous**. Therefore, in consideration of the permission extended to the Albany Humane Society, Inc. through its officers and agents, I hereby, for myself, my heirs, my executors and administrators, release and discharge the Albany Humane Society, Inc., its officers and employees from all claims, demands, actions or causes of action, on account of any accident, injury, or illness to me with may occur during, or as a result of, the Volunteer Program.

_____ _____

Volunteer Signature ***Date***

_____

Volunteer Name (please print)

Parental Consent Rider

I, _____, am the parent or legal guardian of the above-named minor. I have read the Albany Humane Society, Inc.'s Waiver of Liability above and understand it. Notwithstanding the above, I do hereby give my consent for the above-named minor to become an unpaid volunteer of the Albany Humane Society, Inc. in all phases of volunteer duties.

_____ _____

Signature of Parent or Guardian ***Date***