**Volunteer…for the LOVE of the animals!!!**

**We can NEVER have too many volunteers! What can you do to help us? Please check the ways you would like to volunteer for the KCHS Animal Shelter:**

\_\_\_Financial Contributor

\_\_\_Play with and groom shelter cats

\_\_\_Cleaning cat room or kennel areas

\_\_\_Greeter or helper at KCHS special events/fundraisers

\_\_\_Afternoon cat room or kennel area volunteer

\_\_\_Handyman Specials – all repair work welcome

\_\_\_Other talents I can donate (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please read and sign the following statement:**

**The Knox County Humane Society, and all other sponsors and contributors are not responsible for any accidents which may occur during your time volunteering at the Animal Shelter. In consideration of my signing up to volunteer, I hereby for myself, my heirs, and my executors waive and release all rights for damages against the Knox County Humane Society and any sponsors, officials, other volunteers, and workers associated while volunteering for any injuries suffered to me in connection with coming out to volunteer. I also give permission for my name and photography in connections with volunteering at the Animal Shelter. We MUST have a parent signature if you are under the age of 18.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Return this form to the Knox County Humane Society,

1855 Windish Drive, Galesburg IL, 61401

**THE SHELTER PETS SEND LICKS AND PURRS OF THANKS!!!**

**At the Knox County Humane Society we want ALL of our volunteers to enjoy themselves while donating their time with our animals! In order to make sure your experience is a wonderful one we do have some basic rules we would like to share with you:**

* **Go in the door you come out of and always check to be sure there no other dogs at the time you are entering the building.**
* **NO ROUGH PLAY WITH ANY OF THE DOGS!!!**
* **If you notice something may be wrong with ANY of our pets here please notify a staff member.**
* **If you notice a pet without identification card please tell a staff member.**
* **Give to the animals’ only treats Okayed by our employees, our staff members take care of routine feeding.**
* **If you notice a dog eating or chewing on anything from the outside please tell a staff member – most things outside can make them sick.**
* **If your dog takes a toy outside with them make sure it comes back inside with them.**
* **Do not bring any of the cats out into the lobby or let any them past the double doors. There could be an issue with the lobby dogs.**
* **Anyone under the age of 16 unsupervised can spent their time in the cat room only. The cats need brushing and some play time too.**

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**Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature Date**

**We MUST have parent signature if you are under the age of 18**

**KNOX COUNTY HUMANE SOCIETY**

Confidentiality Agreement

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall respect the privacy concerns of the Knox County Humane Society, and I shall hold in confidence all information obtained in the course of professional services, regardless of whether that information is obtained through written records, and/or daily interaction with personnel, Board Members or volunteers.

I will not disclose any confidential information or computer records to anyone, except: 1) as mandated by law: 2) where I am compelled to do so by a court appointment or pursuant to the rules of a court document.

I shall, upon completion of my employment, Board term or volunteer work will return all professional records or property that belongs to the Knox County Humane Society within 30 days after my leave of KCHS. I shall also never disclose any confidential information obtained about the Knox County Humane Society and its programs.

No Photos or videos are to be taken inside the shelter at any time!

**I understand that a violation of this statement may result in being dismissed from your position and in addition the Knox County Humane Society would reserve the right to seek legal action.**

The following items may be considered confidential:

* Financial Information
* Details of contracts that KCHS have/may enter into with other parties.
* Information about persons, animals or cases that may result in legal action.
* Euthanasia details.
* Executive sessions of any meetings.
* Personal client information.

This list is not all-inclusive & professional judgment must be used when discussing any details of the Knox County Humane Society business.

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Signature Date

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Parent Signature Date

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