



next orientation: _____

VOLUNTEER APPLICATION

406.549.3934

Because of the time involved in training, the Humane Society of Western Montana asks for a three-month commitment from volunteers. Are you willing to make such a commitment? YES NO

Name: _____ Date: _____

Street Address: _____ City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____ Birthday: _____ Age (if under 18): _____

Emergency Contact (name & number): _____

Please indicate the days/times when you are able to perform your volunteer services:

- | | | | | | |
|-----------|-----------------------------|-----------------------------|----------|-----------------------------|-----------------------------|
| Sunday | <input type="checkbox"/> am | <input type="checkbox"/> pm | Thursday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Monday | <input type="checkbox"/> am | <input type="checkbox"/> pm | Friday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Tuesday | <input type="checkbox"/> am | <input type="checkbox"/> pm | Saturday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Wednesday | <input type="checkbox"/> am | <input type="checkbox"/> pm | | | |

PLEASE INDICATE YOUR AREAS OF INTEREST:

(see the Volunteer Coordinator for details or if you have questions)

- Dog Socializer *brushing, walking, playing, bathing*
- Dog Training *behavior helpline counselor, Paws Ahead Training, Head Trainer*
- Kennel Assistant *morning cleaning and feeding, afternoon exercising and cleaning*
- Cat Socializer *brushing, playing, exercising*
- Cat Assistant *morning cleaning and feeding, afternoon cleaning and close up routine*
- Petsmart Assistant *transporting, cleaning, feeding and maintenance*
- Shelter Receptionist *answering telephones, greeting and assisting customers*
- Shuttling *transporting animals to and from veterinary clinics for surgery*
- Events/Fund-raising *soliciting funds, planning events, staffing events*
- Office Assistant *assisting with data entry, filing, mass mailing*
- Foster Home *providing home care for young, sick or special needs animals*
- Humane Education *teaching children and adults about humane animal practices*
- Off Site Ambassador *representing HSWM at events and off-site adoption venues*
- Other areas of expertise ... *please list* _____

What makes you interested in volunteering at the Humane Society?

How do you feel about spaying and neutering?

How do you feel about euthanasia?

Do you have any physical or medical limitations that restrict the type of activities you can do?

Please consider the commitment involved as you apply for any volunteer programs at the Humane Society of Western Montana. We ask that you treat your assignment as one that you would get paid to perform. The animals and the staff depend on you. Your involvement in the shelter will not only bring joy and comfort to the animals under our care, it will also help relieve staff of some of their work load so they can devote more time to taking care of the animals. If you decide to leave the program, please notify the Volunteer Coordinator so that a replacement can be found.

At HSWM, we view our volunteers as representatives of the shelter and are proud to have you assist in our endeavors toward educating the public in animal care and welfare. Volunteers will be appropriately placed in accord with the needs of the shelter and their individual skills. We depend on volunteers to help us meet the animals needs and we are always in need of trained, committed and professional help. Thank You!



HUMANE SOCIETY OF WESTERN MONTANA VOLUNTEER AGREEMENT

This agreement provides conditions under which persons may volunteer for work at the Humane Society of Western Montana (HSWM). This document must be signed by the participant volunteer or by parent or guardian if the volunteer is a minor. If volunteer is under the age of 16, s/he must register with (and work with) an adult over the age of 18. Work under this agreement is performed on a volunteer basis, and the participants are not employees or agents of HSWM. No insurance coverage is provided for volunteers or their vehicles. Volunteers should be able to work without supervision, as direct supervision is not always available.

Working or traveling with animals and working at the HSWM premises involves certain risks. I hereby assume the risk of this activity and further agree to release HSWM from any and all liability for personal or property damages arising from volunteer work. I make this release on behalf of heirs, assigns and myself. This release applies to the HSWM as well as their representatives, successors and assigns.

Volunteer or Parent/Guardian Signature _____ Date _____

Volunteer's Name (*printed*) _____

PARENTS OF VOLUNTEERS

Parents should be aware that little or no ongoing supervision of volunteers is available at the shelter. Friends and relatives of volunteers who have not completed a General Volunteer Orientation are NOT permitted to accompany volunteers!