



4100 SW Leighton Farm Avenue
Palm City, Florida 34990
(772) 223-8822 FAX (772) 220-3610

ADULT VOLUNTEER APPLICATION

(Please print clearly and answer all questions)

Were you sent to us by Martin County Volunteers? Yes No

Name _____ Male Female Date _____

Nickname _____ Spouse's name? _____

Address _____

City _____ State _____ Zip _____ Driver's Lic# _____

Home Phone _____ Cell Phone _____

Email address _____ Birthday: mo _____ /day _____ /year _____

Place of Employment _____ Work Phone _____

Contact me at any of these numbers: Yes No If no, do not call: _____

Are you a seasonal resident? Yes No If yes, what is your alternate address?

Address _____

City _____ State _____ Zip _____

Phone _____ I can be reached at this location from _____ to _____

Your safety and the safety of our animals are critically important to us. Toward that end we must ask, do you have any physical/health limitations? Yes No If yes, please describe:

Previous Volunteer Experience: _____

Tell us about your many talents and skills and/or prior work experience!

Do you speak any languages other than English? _____

PERSONAL REFERENCE

Name _____ Phone _____

Relationship/Years Known _____

EMERGENCY CONTACT INFORMATION (required):

Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____



HUMANE SOCIETY
of the Treasure Coast, Inc.

4100 SW Leighton Farm Avenue
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(772) 223-8822 FAX (772) 220-3610

CONFIDENTIALITY AGREEMENT

I understand and agree that as a Volunteer of the Humane Society of the Treasure Coast, Inc. and/or any affiliate entity, that I have a moral, legal, and ethical responsibility to maintain the confidentiality of all information regarding animals, business operations, staff and employees. Information pertaining to an animal's condition or records and information related to personnel, payroll, purchasing, costs and charges are considered confidential.

I agree that as a Volunteer of the Humane Society of the Treasure Coast, Inc. and/or any affiliate entity, that I will not initiate contact with any member of the media nor discuss HSTC business of any kind with any member of the media. I understand that HSTC works directly with a public relations professional who handles all media opportunities and requests.

I fully understand the confidentiality requirements placed upon me as a Volunteer of the Humane Society of the Treasure Coast, Inc. I understand that my services may be terminated if I, in any manner, breach any policies and procedures regarding confidentiality.

Volunteer Signature

Volunteer Name (please print)

____/____/____
Date



**HUMANE SOCIETY OF THE TREASURE COAST
VOLUNTEER AGREEMENT AND RELEASE**

In consideration of the willingness of the Humane Society of the Treasure Coast, Inc. (HSTC) to delegate to me assignments within the scope of HSTC's charitable purpose, subject to revocation of such activities by me or by HSTC at any time, I make the following commitments:

1. I, _____, recognize that in handling animals at HSTC while performing my volunteer services at any affiliated site there exists risk of injury including person physical harm. On behalf of myself, personal representatives, executors and heirs, I hereby release, discharge, indemnify and hold harmless HSTC, its agents, servants and employees from any and all claims, causes of action or demands of any nature or cause connected with my Volunteer Agreement. This might include cost and attorney's fees incurred by HSTC in connection with my volunteer services based on damages or injuries which may be incurred or sustained but are not limited to animal bites, accidents, injuries and personal property damage.
2. I agree to release, discharge, indemnify and hold harmless HSTC for any and all damage to my personal property while performing my volunteer services to HSTC.
3. I understand that public relations are an important part of volunteering at HSTC. I agree on behalf of myself, personal representatives, executors and heirs to allow HSTC to use any photographs taken of me for use in its public relations efforts. HSTC will use reasonable efforts to notify me of such use, but notification is not a condition of the photograph's release for public relations purposes.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement and Release and that I will comply with the same at all times during service to HSTC.

Print Name

Volunteer Signature

Date

PARENT OR LEGAL GUARDIAN (if volunteer under 18 years of age)

As a parent or legal guardian of the above-mentioned volunteer, I hereby give my consent to allowing my child/ward to volunteer for HSTC as described within the above Volunteer Agreement and Release. I have read this Volunteer Agreement and Release and fully understand its terms and conditions. On behalf of my child/ward and myself, I agree to all terms and conditions as set out in this Volunteer Agreement and Release.

Print Name

Parent/Guardian Signature

Date



HUMANE SOCIETY OF THE TREASURE COAST VOLUNTEER TERMS AND CONDITIONS

The Humane Society of the Treasure Coast (HSTC) views volunteers working in partnership with HSTC staff as critical to the quality, effectiveness and efficiency of its operation and integral to the fulfillment of its mission: *to assure a better life for companion animals by providing shelter, finding loving homes and promoting respect for their place in our lives.*

To this end volunteers are asked to:

- Comply with all HSTC policies, procedures and guidance, in particular those related to the moral and ethical treatment of animals.
- Serve as goodwill ambassador for HSTC being courteous when dealing with the public, fellow volunteers and shelter personnel.
- Maintain positive relationships and resolve disagreements discretely through the appropriate chain-of-command (specifically: through Area Lead, Area Manager and, if needed, Volunteer Department).
- Understand that the HSTC/volunteer relationship is "at will" and as such volunteer service may be terminated at any time with or without hearing or notice and for any reason.
- Provide as much notice as possible to the Area Lead, Area Manager and Volunteer Department should you choose to resign from HSTC volunteer service.
- Request assignments compatible with your weekly schedule and physical capabilities.
- Receive the guidance and feedback necessary to complete the responsibilities of the assignment.
- Fulfill agreed-upon schedule and follow established procedures for absence coverage.
- Whenever on HSTC assignment wear HSTC volunteer shirt and name tag with appropriate jeans, slacks or shorts and closed-toed, non-skid shoes.
- Adhere to smoking, cell phone use and parking instructions per each department's requirements.
- Promptly report any accident, injury or mishap to management.
- Do not bring friends or family to visit during your assignment shift.

I have received, read and understand the HSTC Volunteer Policy and agree to abide by its provisions.

Print Name

Volunteer Signature

Date

3/7/2014