



## JUNIOR VOLUNTEER APPLICATION

***JUNIOR VOLUNTEERS ARE THOSE BETWEEN THE AGES OF 8 AND 16 AND MUST BE ACCOMPANIED BY A PARENT/GUARDIAN AT ALL TIMES.***

***JUNIOR VOLUNTEERS CAN VOLUNTEER AS KITTEN AND PUPPY SOCIALIZERS ONLY.***

***NOTE: A limited number of volunteers are needed for each activity. If no openings are currently available for the activity of your interest, your application will be held in our active file for three (3) months.***

***The FM Humane Society seeks to provide a safe and secure haven for its animal residents. In achieving this goal, the organization (FMHS) requires all volunteers to attend an Orientation Seminar and to comply with all its policies and procedures aimed toward maintaining animal health and safety. These policies and procedures are provided in written form to all volunteers and are available at the shelter.***

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
Employer \_\_\_\_\_ Employment Position \_\_\_\_\_  
May we contact you at work? \_\_\_\_\_ If so, during what hours? \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

### References:

Please list two (2) personal or business contacts who can act as references on your behalf (no family members please.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**In case of emergency, whom should we notify? For your safety, please list two (2) persons:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_

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

Signature of the Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Schedule: *we require a 2 hour per week commitment for at least 3 months.*

**Kitty and Puppy Socialization**

*Please check the time slots that fit in your schedule*

	Mon	Tues	Wed	Thurs	Fri		Sat		Sun
11-1						10-12		8-10	
1-3						11-1		9-11	
3-5						12-2			
5-7						1-3			
						2-4			
						3-5			
						4-6			

# FMHS Volunteer Code of Conduct

I, \_\_\_\_\_, while acting as a volunteer of FMHS, understand that FMHS is dedicated to improving the condition of animals in the area through education, fundraising, and other means. In an effort to effectuate those purposes, there are policies and procedures I must follow for the efficient operation of FMHS and for the benefit and protection of individual rights and the shelter animals.

II. I acknowledge and accept the following Code of Conduct and understand that my position as a volunteer could be jeopardized if I do not adhere to these standards. I agree that I will ***not engage*** in the following conduct:

1. Discourtesy or abusive language or behavior to shelter patrons, other volunteers, shelter management, or members of the Board of Directors;
2. Uncooperative behavior with other volunteers, shelter management, or the Board of Directors;
3. The negligent or intentional destruction of FMHS property;
4. Violation of any safety rules or endangering the health or safety of any other person or shelter animal;
5. Participating as a shelter volunteer while under the influence of alcoholic beverages or illegal substances;
6. Involvement in criminal activity that leads to, or has previously resulted in, a criminal conviction.

III. I understand and acknowledge that inappropriate conduct will result in disciplinary action at the discretion of the shelter management and/or Board of Directors.

IV. When I am acting in my capacity as a shelter volunteer, I agree to be properly attired. This means, at minimum, I will wear a shirt, shorts or pants, and footwear that adequately protects both feet. In addition, I agree to wear a volunteer vest while walking the dogs and/or t-shirt provided by FMHS if I work during public hours.

V. I understand and acknowledge the importance of addressing with FMHS Shelter Manager any issues or concerns I may have regarding the policies and procedures of FMHS.

\_\_\_\_\_  
Shelter Volunteer Signature Date

\_\_\_\_\_  
FMHS Authorization Signature Date

## Volunteer Release of Liability and Hold Harmless Agreement

All persons volunteering at the shelter or participating in any event or activity organized or sponsored, in whole or in part, by the FM Humane Society are required to read, agree to, and sign this waiver before participating in any such event or activity. Please acknowledge that you have read each section by initialing where indicated.

### 1. Waiver of Liability for Services Performed On Site

I hereby release and forever discharge FM Humane Society and its employees, volunteers, directors, officers, administrators, agents, and assigns (hereinafter collectively and severally referred to as "FMHS") from all liability for any and all claims, demands, actions, causes of action or suits of any kind whatsoever, and particularly on account of any injuries, to person or property sustained while performing services, voluntary or otherwise, at the FM Humane Society located at 1201 28<sup>th</sup> Ave N, in Fargo, ND **Initial Here:** \_\_\_\_\_

### 2. Waiver of Liability for Services Performed Off Site

I hereby release and forever discharge FMHS from all liability for any and all claims, demands, actions, causes of action or suits of any kind whatsoever, and particularly on account of any injuries, to person or property sustained while performing services, voluntary or otherwise, on behalf of, or in conjunction with, FMHS which occurs as a result of participation in any event or activity sponsored or endorsed by FMHS, including, but not limited to, any event or activity promoted in connection with FMHS or its membership program and travels to/from any such event. **Initial Here:** \_\_\_\_\_

### 3. Responsibility for Personal Pets and Agreement to Indemnify

I agree that any injury, damage, or loss, of any kind whatsoever, to any person, animal, or property at any FMHS event, or at the FMHS shelter, caused by my own pet, or a pet which is otherwise in my possession, is solely my responsibility and I will indemnify, save and hold harmless FMHS from any damages, costs, losses and expenses including, but not limited to bodily injury, property damage, including but not limited to legal fees, courts costs, and litigation expenses.

**Initial Here:** \_\_\_\_\_

### 4. Responsibility to Report Injuries

I agree to immediately report all injuries or disease I may receive while on the property of the FM Humane Society or while working in the service of FMHS, including but not limited to animal bites, deep scratches, and slips or falls. I agree to file an Incident Report immediately following any such injury. If I am unable to file a written report, I agree to contact the Shelter Manager or Executive Director within 24 hours of the incident and inform them of said incident.

**Initial Here:** \_\_\_\_\_

### 5. Agreement to Indemnify

I further agree that if, despite this Release of Liability and Hold Harmless Agreement I or anyone on my behalf makes a claim against FMHS, I will indemnify, save and hold harmless FMHS from any damages, losses and expenses including, but not limited to, legal fees, courts costs, and litigation expenses.

I agree to indemnify and hold harmless FMHS from any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand or cause of action brought against FMHS, jointly or individually, for bodily injury, death or property damage suffered as a result of my own negligent, reckless or willful act, omission in the performance or failure to perform his/her volunteer services. (EXAMPLE: a volunteer is drunk driving a FMHS van which then hits and kills a 3rd person. Estate of 3rd person sues FMHS, the signer of this agrees to pay the judgment against FMHS. ) **Initial Here:** \_\_\_\_\_

### 6. Driver License and Proof of Personal Auto Insurance (Transportation Volunteers Only)

I have a valid driver's license and I am able to provide proof of personal auto insurance coverage.

**Initial Here:** \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date