



Date of Volunteer Orientation: _____

Remit to: HSBH, Volunteer Coordinator
1820 E. St. Patrick St. Rapid City, SD 57703
volunteer@hsbh.org 605-394-4170

Last Name

Volunteer Contact Info

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email: _____

Are you under 16 years of age? ___Yes ___No Birth Date: _____ Age: _____

(Some restrictions apply to volunteers under the age of 16)

First

1. Is your volunteer time required? Yes/No If so, by whom? School/Work/Court Other _____

2. Do you have any specific skills or training pertaining to the care of pets (i.e. obedience instructor, grooming, veterinarian, etc) that you would like to apply at the Humane Society of the Black Hills? Yes No
Explain _____

3. How did you hear about Volunteering at the Humane Society of the Black Hills?
___ School ___ Friend ___ Newspaper ___ TV ___ Radio ___ Website ___ Other _____

4. Why do you want to volunteer at the Humane Society of the Black Hills?

5. Are you able to dedicate 5 hours in 6 months to volunteering with us? Yes No

By attending the Volunteer Orientation you are allowed to walk dogs, socialize cats, and work in the laundry area. With additional training you are allowed to volunteer in customer service, clerical work, animal adoption events, maintenance, as a foster home, assisting with events, and special projects.

Volunteer Agreement & Release of Liability

I acknowledge that I have voluntarily applied to assist the Humane Society of the Black Hills. I am aware of the Humane Society of the Black Hills' dedication to the moral and ethical treatment of all animals, and will act in accordance with these values in my capacity as a volunteer.

I certify that I will abide by the rules and policies as set forth in orientation, including but not limited to:

- Safety precautions;
- Volunteer vest use;
- Immediate reporting of all accidents, injuries or incidents; and
- Respectful notice of restricted or quarantined areas unless under the direct supervision of a staff member.

It is recommended that all volunteers have an up-to-date tetanus vaccine, in the event that you are bitten or scratched. Tetanus vaccines need to be updated every 10 years and may be obtained by a physician at your own expense.

I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage, including automobile liability coverage, and that I will not be eligible for any Workers Compensation benefits. I, the volunteer, understand that am responsible for my own insurance coverage in the event of personal injury, accident, or illness as a result of my services to the Humane Society of the Black Hills.

I understand that the behavior of domestic animals is at times unpredictable and that some animals are capable of inflicting property damage, serious personal injury, and even death. I recognize and accept on my own behalf all risks associated with the handling of potentially unpredictable animal behavior. I specifically assume all risks arising out of or relating to the care and handling of the Animals. I recognize that the Humane Society of the Black Hills makes no representations whatsoever as to the past history of the Animals and whether or not they are safe Animals.

In consideration of the opportunity afforded me by the Humane Society of the Black Hills to participate in activities and provide services, I hereby agree that I, my assignees, heirs, guardians, and legal representatives fully and forever release the Humane Society of the Black Hills or any of its affiliated organizations, employees, agents, contractors, volunteers, officers, or directors collectively or individually, from any and all claims, actions, causes of action, remedies and complaints of any kind which I have or may in the future have, whether known or unknown, arising out of or relating to the animals or to my volunteer work, including all claims for personal injury, paralysis, wrongful death, and property damage.

If the volunteer is under the age of 18, a parent or guardian must also sign this form indicating an acknowledgement of the risks and responsibility the volunteer and/or parent/guardian assumes.

I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself and the Humane Society of the Black Hills, and I sign it of my own free will.

Printed Name

Volunteer Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Emergency Contact:

Name: _____

Phone Number: _____ - _____ - _____

The Humane Society of the Black Hills reserves the right to decline any volunteer application for any reason. This may include, but is not limited to, any area where there is a conflict of interest.

Humane Society of the Black Hills Conflict of Interest Statement

The standard of behavior at the Humane Society of the Black Hills is that all staff, volunteers and board members avoid conflicts of interest between the interests of the Humane Society of the Black Hills on one hand, and personal, professional, and business interests on the other.

I understand that the purpose of this policy is to protect the integrity of the Humane Society of the Black Hills' decision making process, to enable others to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and board members.

I agree to disclose any interests involving transactions or decisions that would result in a personal gain for myself, family, spouse/significant other, employer or close associates. This includes affiliation involving my business, employer or other nonprofit affiliations.

I agree not to engage in activities which could be viewed as a conflict of interest, and I will discuss with my supervisor any activities I think may be construed as a conflict of interest.

I also agree not to contact or speak to the media or any other public reporting agency about any Humane Society of the Black Hills' business or involvement unless so directed by an administrative supervisor.

I will immediately report any actions by Humane Society employees, volunteers or other members of the Humane Society of the Black Hills that could compromise the principles of this statement.

As a volunteer, staff member or board member, I will not act as a representative of the shelter of my own accord without prior authorization and specific direction.

I understand that this policy is meant to supplement good judgment, and will respect its spirit as well as its wording.

Signature

Date

3.20.2019

COVID-19 Agreement

Agreement:

- I attest that if I am experiencing any symptoms of illness such as a fever, cough, or shortness of breath I will temporarily cease volunteering at the Humane Society of the Black Hills. If I develop these symptoms, I agree that I will cancel my shift before arriving at the Humane Society of the Black Hills.
- I am aware that I must follow any safety protocols that have been implemented by the City of Rapid City and the Humane Society of the Black Hills when volunteering on the premises

I attest that:

- I will not volunteer if I have traveled internationally in the past 14 days
- I will not volunteer if I have traveled to a highly impacted area within the United States in the past 14 days
- I will not volunteer if I believe I have been exposed to a person with a confirmed or suspected case of COVID-19

Assumption of Risk and Waiver of Liability

The Humane Society of the Black Hills (HSBH) has put in place preventative measures to reduce the spread of COVID-19; however, the HSBH cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the HSBH could increase your risk and your child(ren)'s risk of contracting COVID-19.

I understand that many opportunities for volunteering at the Humane Society of the Black Hills can change day to day amidst service and policy changes due to the Coronavirus. As a volunteer, I understand the dangers and risks of COVID-19 and will follow guidelines put in place by the Humane Society of the Black Hills

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by volunteering at the HSBH and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the HSBH may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HSBH employees, volunteers, and program participants and their families.

Printed Name

Volunteer Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date