

Volunteer Application



3205 W. 24th St.
P.O. Box 1454
Kearney, NE 68848
308-237-7387

Date of Application _____

Name _____	Occupation _____
Address _____	Employer Address _____
City, State, Zip _____	City, State, Zip _____
Telephone (Day) _____ (Evening) _____	E-Mail Address _____

EMERGENCY CONTACT

Name _____

Relationship _____ Phone #1 _____ Phone #2 _____

EXPERIENCE

What are your hobbies, special interests, skills or training? _____

Are you a student? _____ Where? _____

How many hours per week are you available to volunteer? _____

Do you have any previous volunteer experience? _____

ANIMAL EXPERIENCE (If you are applying to work with animals)

Do you have experience working with animals other than your own? Please describe. _____

Do you have pets? #Dogs _____ #Cats _____ #Other _____

EDUCATION (List the most recently completed High School, College, or Graduate School)

Name of School	Completed/Degree/Credits	Highest Grade
_____	_____	_____

THE KEARNEY AREA HUMANE SOCIETY REQUIRES THAT YOU SHOW PROOF OF A CURRENT TETANUS VACCINATION BEFORE YOUR VOLUNTEER SERVICE BEGINS. IT SHALL BE YOUR RESPONSIBILITY TO KEEP CURRENT ON THIS AND ANY OTHER REQUIRED VACCINATIONS.

Do you possess a valid Nebraska driver's license? _____ License # _____

If you possess a valid driver's license, are you willing to use your vehicle to transport animals (in carriers) as part of your work for the shelter? _____

Have you ever been convicted of a crime excluding minor traffic violations? _____

PERSONAL REFERENCES - COMPLETE ADDRESSES ARE REQUIRED

(Please list 4 persons WHO ARE NOT FAMILY. If you have previous experience as a volunteer, one reference should be from that organization).

Name	Relationship	Address	City, State, Zip	Telephone
1.				
2.				
3.				
4.				

Do you have a particular area in which you would like to volunteer?

AS A VOLUNTEER FOR THE ANIMAL SHELTER AND THE KEARNEY AREA HUMANE SOCIETY, I FULLY UNDERSTAND THERE IS NO PROVISION TO VOLUNTEERS OF MEDICAL, WORKER'S COMPENSATION OR AUTOMOBILE LIABILITY INSURANCE COVERAGE AND ALL INCURRED COSTS ARE MY RESPONSIBILITY.

I certify that all information provided on this application is true and complete. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance or dismissal if discovered at a later date.

Signature _____ Date _____

There shall be no discrimination against an otherwise qualified adult volunteer by reason of disability, age, race, color, ethnicity, sex, creed, national origin, or socio-economic status.

MINOR VOLUNTEER RELEASE

(Under 18 years of age)

I, _____, being the parent or legal guardian of _____, (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for the Morris Animal Shelter and the Kearney Area Humane Society (the "Shelter"). I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, or compensation benefits. I agree and understand the Minor must comply with the rules and regulations established from time to time by the Shelter and failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

I understand that public relations is an important part of volunteering at the Shelter. I consent to and authorize the Shelter to use any photographs taken of the Minor for public relations purposes.

On behalf of myself, the Minor and our respective heirs and personal representatives, I agree to hold harmless the Morris Animal Shelter, the Kearney Area Humane Society, their officers, employees and board members for any injury or damage sustained or incurred by the Minor arising out of or in any way connected with the Minor's activities as a volunteer for the Shelter and hereby release and discharge the Morris Animal Shelter, the Kearney Area Humane Society, their officers, employees and board members responsible for any injury or damage sustained or incurred by the Minor and thereby release and discharge the Morris Animal Shelter, the Kearney Area Humane Society, their officers, employees and board members from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

Signature of Parent or Legal Guardian _____ Date _____

Signature of KAHS Staff _____

I agree to follow all the rules of the Shelter and I understand that I can be removed as a volunteer if I break the rules.

Volunteer _____ Date _____

VOLUNTEER RELEASE (18 years of age or older)

I, _____, agree to act as a volunteer for the Morris Animal Shelter and the Kearney Area Humane Society (the "Shelter"). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a voluntary basis, without any pay, or compensation benefits. I agree to comply with the rules and regulations established from time to time by the Shelter and understand my failure to do so may result in my immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by me as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed by me at my risk and I assume full responsibility therefore.

I understand that public relations is an important part of volunteering at the Shelter. I consent to and authorize the Shelter to use any photographs taken of me for public relations purposes.

On behalf of myself, my heirs and personal representative, I agree to hold harmless the Morris Animal Shelter, the Kearney Area Humane Society, their officers, employees and board members for any injury or damage sustained or incurred by me arising out of or in any way connected with my activities as a volunteer for the Shelter and hereby release and discharge the Morris Animal Shelter, the Kearney Area Humane Society, their officers, employees and board members responsible for any injury or damage sustained or incurred by me and thereby release and discharge the Morris Animal Shelter, the Kearney Area Humane Society, their officers, employees and board members from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by me.

Signature of Volunteer _____ Date _____

Signature of KAHS Staff _____