



3910 Heron Drive
 Hood River, OR 97031
 Phone: (541) 354-1083
 Fax: 1 (877) 833 - 7166
 E-mail: adoptadog@gorge.net
www.hoodriveradoptadog.org

Date Received:	_____ Ckd_____
Orientation Scheduled:	_____
Orientation Completed:	_____
Background ck complete:	_____
First shift completed:	_____

Adopt A Dog, Inc. VOLUNTEER APPLICATION

Minimum age to volunteer is 16 years old. Background check form and orientation must be completed prior to volunteering.

Please print clearly!

Name _____ Date of Birth _____
If less than 18, parental approval is required.

Home Address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Occupation _____ Company /School name _____

Your Phone # (H) _____ (W) _____ (Cell) _____

Your e-mail (please print very clearly!) _____

NOTE: By giving us your e-mail address you agree to receive emails from Adopt A Dog, Inc. Please contact us if you want to discontinue e-mail communication.

In case of emergency, please notify _____

Relationship _____ Phone _____

Do you have any physical, medical limitations or disabilities we should know about in the event of emergency or that may affect dog handling? (i.e heart condition, mental illness, learning disabilities, back injuries, epilepay, allergies, etc.) If yes, please explain:

Please indicate your areas of interest in volunteering:

<input type="checkbox"/> Dog Care at Shelter <input type="checkbox"/> Shift Supervisor <input type="checkbox"/> Adoption Counselor <input type="checkbox"/> Dog Behavior Assessment <input type="checkbox"/> Photography <input type="checkbox"/> Videography <input type="checkbox"/> Vaccinations	<input type="checkbox"/> Microchipping <input type="checkbox"/> Obedience Training <input type="checkbox"/> Fundraising <input type="checkbox"/> Events <input type="checkbox"/> Accounting <input type="checkbox"/> Follow Up Calls <input type="checkbox"/> Doggie Transport	<input type="checkbox"/> Dog for a Day Outing <input type="checkbox"/> Foster a Dog <input type="checkbox"/> Adoption Outreach (PetCo, etc) <input type="checkbox"/> Flier Distribution <input type="checkbox"/> Office Work <input type="checkbox"/> Website Management <input type="checkbox"/> Facebook Postings
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For At-Shelter Volunteers: We appreciate a minimum commitment of 2-3 shifts per month for 6 months.

We have two shifts per day – Mornings shifts are roughly 9 AM to 10:30 AM. Evening shift time is typically 5:30 PM to 7:00 PM

Please indicate shifts you may be available to volunteer if wishing to be an at-shelter volunteer

SUN AM PM ; **MON-THUR** AM PM; **FRI** AM PM; **SAT** AM PM

Why are you volunteering at the Adopt A Dog, Inc. program?

- Help Homeless Animals Other _____
 Community Service Credit Placement w/School, Vocational Counselor or Case Manager

How did you hear about the Adopt A Dog, Inc. program?

- Newspaper GorgeNet Flier Friend Other _____

List your specific skills and talents that might be useful in your volunteer work: (artistic, photographic, computer, language, animal handling experience, etc.)

What is your experience with dogs?

- First-time owner Have had 1 or 2 Knowledgeable & experienced

If you are a dog owner, be aware that occasionally dogs are housed at the shelter that have canine communicable diseases. It is your responsibility to confirm your pet's vaccinations and keep them up to date. Vaccination should include, but are not limited to, parvo/distemper/flu, rabies, and kennel cough.

Please give the name of two (2) references that know of your abilities and interests – they may be personal, professional, volunteer or school references:

Reference	
Name Personal <input type="checkbox"/> Professional <input type="checkbox"/> School <input type="checkbox"/> Other <input type="checkbox"/>	
Phone #	
Describe relationship with reference and duties performed at organization if applicable	

Reference	
Name Personal <input type="checkbox"/> Professional <input type="checkbox"/> School <input type="checkbox"/> Other <input type="checkbox"/>	
Phone #:	
Describe relationship with reference and duties performed at organization if applicable	

**The Adopt A Dog, Inc.
Waiver, Release, and Indemnification Agreement**

This agreement is entered into with Adopt A Dog, Inc. (AAD) jointly by the undersigned _____ (print your name) ("Volunteer"), in order to permit the Volunteer to participate in the AAD Volunteer program. This Agreement is for the benefit of AAD and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "Indemnitee" and collectively as "Indemnitees").

Volunteer has been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. As such, AAD cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteer understands that the following are some, but not all, of the risks associated with working with shelter animals:

- Bites or scratches from dogs
- Being knocked down or pulled excessively by a dog
- Injuries relating to wrist/hand/fingers from a dog leash
- Slips/trips/falls resulting from wet floors/kennels or equipment
- Water or cleaners sprayed in eyes
- Injuries resulting from cage doors, equipment, etc.
- Internal or external parasites, zoonotic diseases (human illness contracted from animals), flea & tick bites
- Animal illness exposure to animals at home
- Injuries related to lifting animals, food or equipment
- Injuries caused from grooming equipment-such as clipper blades, shears, dryers
- Exposure to cleaners, latex gloves, bleach, parasite control products
- Exposure to or incidents relating to the public or volunteers (outbursts, inappropriate contact)
- Loss of personal property
- Any type of damage to car while parked at the shelter on Hood River County property
- Damage to clothing from animals, cages, chemicals, etc.

[Please review and sign following page]

Volunteer is aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation with AAD, whether such occurrence is at or away from the shelter. Volunteer agrees that AAD and its Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of AAD, any Indemnitee, or a third party.

Volunteer agrees on behalf of himself/herself and Volunteer's heirs, executors, and administrators to indemnify and hold harmless AAD and each Indemnitee against any and all claims, including legal actions, suits, debts, claims, or liability of any kind arising out of or relating to Volunteer's participation in AAD activities, whether such participation occurs at or away from the shelter.

Volunteer fully, completely, and unconditionally waives and releases each Indemnitee all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteer may have now or in the future against AAD or any Indemnitee arising out of or relating to participation at the shelter.

Volunteer represents and warrants that he/she is physically and mentally fit to safely work with animals and the public at the shelter or at any other place Volunteer chooses to participate in AAD activities.

Should an accident occur whether at the shelter or at an AAD-sponsored event and AAD staff members will make every attempt to reach Emergency Contacts for medical authorizations.

Volunteer represents and warrants that he/she has the authority to enter into this agreement.

All records, files, forms, applications, mail lists, passwords, security codes, correspondence, messages or any other information (collectively referred to as "Information") belonging to AAD and/or bearing its logo and/or name, are the sole property of AAD. Volunteer acknowledges Volunteer's agreement that Volunteer will not be disseminate, use, publish, or sell any Information without the written consent of the Board of Directors of AAD, Inc.

If any provision of this Agreement is found to be unenforceable in any way, all other provisions of this Agreement shall remain in full force and effect.

Volunteer _____ Date _____
(Signature)

If Volunteer is under the age of 18 years, this application and waiver must be signed by the parent/guardian of the Volunteer or the Volunteer shall not be accepted as an AAD, Inc. Volunteer.

Parent/Guardian Name if volunteer is under 18	Parent/Guardian Signature	Date
_____	_____	_____

Parent/Guardian contact phone number: _____

Reviewed by AAD, Inc. Representative _____ Date _____

AAD, Inc. Volunteer Agreement

In signing this agreement, I understand and agree to the following:

I will treat all animals, people, and property I come in contact with at AAD, Inc. with respect. I will refrain from using profanity and conduct myself with courtesy at all times.

I will sign up for shifts on the on-line calendar and I will be on time for my scheduled shift. I will sign in and sign out for my shift in the volunteer log book at the shelter and will report via email or phone any additional time I spend for AAD related activities offsite. Accurate tracking of my volunteer hours directly aids in our ability to obtain grants.

I agree to commit to volunteering a minimum of 2 - 3 shifts per month for the first three (3) months, and then strive to continue regular hours monthly after that. When I am no longer able to volunteer at the shelter, I will contact the Volunteer Coordinator should I wish to terminate my volunteer services. I will return any AAD material or resources.

I will come appropriately dressed, wearing close-toed shoes, long pants, and clothing appropriate for my position. For safety reasons, we ask that volunteers cover or refrain from wearing visible body piercing, except for small earrings and small nose piercings. If I am inappropriately dressed, I may be asked to leave or my duties may be restricted to those consistent with my dress due to safety concerns.

I agree to be supervised by the Volunteer Coordinator or a designated supervisor. If I feel that a communication problem exists between the Volunteer Coordinator or designated supervisor and me; I will report the problem to a supervisor, the Executive Director and/or an AAD, Inc Board member as soon as possible.

I give AAD, Inc. the right and permission to use my name, likeness, and voice, together with my endorsement or testimonial (whether written or oral), in all types of advertising and promotion related to AAD's activities. This right and permission includes photographs, video recordings, audio recordings, and all other media in which my name, likeness, or voice may be reproduced.

AAD, Inc. will own any materials I prepare or make that are related to my job, whether or not made on my own time or in a volunteer capacity. AAD, Inc. will also own any materials I prepare or make during work or donated volunteer hours using AAD resources or facilities.

I understand that as a volunteer I may gain access to information about AAD, customers, or staff that is confidential. Information about AAD, Inc., its employees, clients, suppliers, vendors, and County-held dogs is to be kept confidential and divulged only to individuals within AAD with a need to receive, and authorized to receive, such information.

Volunteering at AAD is at-will. Active volunteer status at AAD may be terminated for any reason, with or without cause or notice, at any time by either the volunteer or AAD. **I understand that if I have no reported hours for six (6) months, my active status as a volunteer will be terminated.**

Volunteer Signature

Date

Print name

Parent/Guardian Signature if volunteer is under 18 _____

Fair Credit Reporting Act Disclosure Notice for Background Check

Dear Applicant;

All Volunteers or paid staff working at the Hukari Animal Shelter are required to obtain a background check known as a consumer report for employment/volunteer purposes. Information obtained may include criminal background information, motor vehicle driving history, drug test results, and outstanding warrants. If a specific warrant, arrest or conviction appears on your record, AAD Inc. will be notified of the fact, without details. Previous criminal activity or refusal to provide the necessary information to perform a background check may result in denial of employment or acceptance into the volunteer program. Neither Adopt A Dog, Inc nor the Hood River County Sheriff's Dept. will keep a copy of this form once the information is obtained.

Please sign this letter below indicating your authorization for Adopt A Dog, Inc. to conduct a background record check at any time prior to and, if hired, during your employment/volunteering with Adopt A Dog, Inc. In the event that Adopt A Dog, Inc. considers any information in the consumer report when making an adverse employment or volunteer related decision affecting you, you may request a copy of the consumer report, a copy of your rights under the Fair Credit Reporting Act (FCRA) and reconsideration of your application before the decision is finalized.

Sincerely,
Adopt A Dog, Inc.

Background Record Check Authorization

By signing below, I voluntarily authorize Adopt A Dog, Inc. to conduct a background record check for employment/volunteer purposes in connection with my application and, if hired or volunteering, any time during my employment or volunteering with Adopt A Dog, Inc. I specifically authorize Adopt A Dog, Inc. to obtain consumer reports from consumer reporting agencies including but not limited to Providence Hood River Memorial Hospital, and/or NSA Corporation in providing drug and alcohol test results, and I hereby authorize the Hood River County Sheriff's Office to perform a name-only local records check of their records management system (this does not constitute a criminal history check and the Hood River County Sheriff's Office assumes no liability associated with any identity misrepresentation as a result of this name-only check). Additionally, I hereby release employers, schools, and other persons from liability in responding to inquiries in connection with my application. I understand I have rights under FCRA as indicated above.

In the event that my application is accepted, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Notice: A photocopy or fax of this release may be accepted as an original. The background check form will be destroyed upon completion of the background check.

Signature

Date

Applicant Full Name (Please Print – Last – First – Middle)

Other Names Used

Residence Address (Street – City – State – Zip)

Mailing Address (If Different)

Date of Birth

Social Security Number

Driver License Number/State