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## Hood River Adopt A Dog VOLUNTEER APPLICATION

Minimum age to volunteer is 16 years old. Orientation must be completed prior to volunteering.  
PLEASE PRINT CLEARLY!

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If younger than 18, parental approval is required.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Company/School \_\_\_\_\_

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

E-mail (please print very clearly!) \_\_\_\_\_

NOTE: By giving us your e-mail address, you agree to receive e-mails for Hood River Adopt A Dog. 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, epilepsy, allergies, etc.) If yes, please explain:

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### Why are you volunteering at Hood River Adopt A Dog?

Help Homeless Animals       Other \_\_\_\_\_  
 Community Service credit       Placement w/School, Vocational Counselor, or Case Manager

### Please indicate the areas of interest in volunteering:

<input type="checkbox"/> Dog care at shelter	<input type="checkbox"/> Dog Behavior Assessment	<input type="checkbox"/> Dog Transport
<input type="checkbox"/> Shift Supervisor	<input type="checkbox"/> Adoption Counselor	<input type="checkbox"/> Photography
<input type="checkbox"/> Videography	<input type="checkbox"/> Office work	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Accounting	<input type="checkbox"/> Adoption Follow-ups	<input type="checkbox"/> Artwork
<input type="checkbox"/> Dog for a Day	<input type="checkbox"/> Foster a dog	<input type="checkbox"/> Social media posting

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

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**What is your experience with dogs?**

Had dogs growing up                       Have friends with dogs                       First time dog owner  
 Have/had 1 or 2 dogs as adult                       Knowledgeable and 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 vaccination and keep them up to date. Vaccinations should include, but are not limited to, parvo/distemper/influenza, rabies, 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    ___ Professional ___ School      ___ Other        ___	
Phone #	
Describe relationship with reference and duties performed at organization, if applicable	

REFERENCE	
Name Personal    ___ Professional ___ School      ___ Other        ___	
Phone #	
Describe relationship with reference and duties performed at organization, if applicable	

## **Hood River Adopt A Dog Waiver, Release, and Indemnification Agreement**

This agreement is entered into with Hood River Adopt A Dog (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 (outburst, inappropriate contact, etc)
- 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

**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 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, 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 Agreement and will not disseminate, use, publish, or sell any Information without the written consent of the Board of Directors of AAD.

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 Volunteer.**

\_\_\_\_\_  
Parent/Guardian Name (if Volunteer is under 18)    Parent/Guardian Signature    Date

Parent/Guardian primary contact phone number \_\_\_\_\_

Reviewed by AAD Representative \_\_\_\_\_ Date \_\_\_\_\_

## Hood River Adopt A Dog Volunteer Agreement

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

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

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

I agree to commit to volunteering a minimum of three (3) hours per month for the first three (3) months and then will 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 (VC), should I wish to terminate my volunteer services. I will return any AAD material or resources.

I will come to the shelter appropriately dressed, wearing close-toed shoes and clothing appropriate for my position. For safety reasons, I agree to cover or refrain from wearing visible body piercings, except for ears 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 VC, or a designated supervisor. If I feel that a communication problem exists between the VC or designated supervisor and me, I will report the problem to another supervisor, the Shelter Manager, Assistant Shelter Manager, and/or an AAD Board member as soon as possible.

I give AAD 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 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 will also own any materials I prepare or make during work or donated volunteer hours, or 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. I agree to maintain confidentiality and to refuse disclosure of any information that is either private or personal.

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 will be terminated. To return as a volunteer after more than six (6) months, I may be asked to attend orientation again, before my active status is reinstated.**

\_\_\_\_\_  
Volunteer printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer signature

Parent/Guardian signature if volunteer is under 18 \_\_\_\_\_