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

**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 \_\_\_\_\_

HOOD RIVER HOOD RIVER ADOPT A DOG  
**TAKING DOGS AWAY FROM THE SHELTER**  
**"DOG FOR THE DAY"**  
READ AND SIGN THIS FORM

**Hood River Adopt A Dog, Inc. (HRAAD) is entrusting you to keep yourself, the public, and all animals safe while a HRAAD dog is in your care. Careless actions may result in injury to you, others, and the HRAAD program.**

By signing below, you agree to and/or acknowledge the following:

1. I will notify the shift supervisors that I am taking a dog so that it can be confirmed no potential adoption visits are scheduled.
2. Supervisors may take dog out without any other signature than their own after completing this form.
3. You will keep dog on leash at all times unless you are in your own home. Do not leave the dog in your home unattended because they can become destructive or have accidents on carpets.
4. Do not take any dog that you cannot physically handle. Ask supervisors, read behavior notes, etc. to learn about the dog's quirks and training needs.
5. The HRAAD supervisor will determine if you and the dog are a good match.
6. You will keep the HRAAD dog in your custody only.
7. You assume responsibility for all property damage caused by the dog while in your care.
8. You understand the risk of known or unknown health problems being transmitted to your own pets. HRAAD is not responsible for any medical treatment for your pets as the result of coming into contact with an HRAAD dog. Your pet(s) should be current on vaccinations and bordatella vaccination is recommended.
9. If any serious incident should occur, please call 911 if necessary and as soon as possible call Jacque Johnston at (541) 490-8619 or Janette/Lauren on the shelter cell phone at (541) 399-3188.
10. In the event of a wound take appropriate action, including going to the emergency room at the hospital for situation human medical treatment. Transport an injured HRAAD dog to a veterinarian (preferably after approval by a board member for non-emergency situations) or call law enforcement and ask them to deal with a seriously injured animal. Animals may be unpredictable when injured. An on-call veterinarian is always available by calling any vet office in Hood River. Any dog bites that break the skin must be reported to the county Health officer. HRAAD can assist you in this.
11. You must have completed HRAAD orientation.
12. You must have knowledge of how to leash and harness a dog (including securing collar) and know the correct way to walk/restrain a dog.
13. Use **extreme** caution around children. Do not let children (younger than 16) interact with the dog unattended. Dogs are unpredictable around children. Never allow a child around the dog if there is food, toys, or any items that may cause possessiveness in the dog. Caution adults that they are in charge of their children.
14. Introduce your own dog very slowly with both dogs on leashes (held by two different people) before you allow them to interact, preferably in neutral territory. Never leave the dogs alone together and never offer any type of food when more than one dog is present. Do not allow two dogs to drink out of the same water dish or the shelter dog to play with your dog's toys or get on your dog's bed. Dogs can be territorial. Do not have more than one of your dogs with the shelter dog at any time.

15. Do not leave the dog in the car alone. When the dog is in your care, place the dog in the back of your car if you have a dog guard or transport the dog in a crate for your safety and the dog's safety. Remember dogs can be destructive by chewing car seats etc.
16. Do not overheat a dog. Offer dog lots of water, consider the temperature of a sidewalk that may be too hot, and limit exercise which can cause overheating. If a dog is overheating, it will appear sluggish and unresponsive and may appear disoriented. You can cool a dog with wet towels, spray with cool water from a hose, or provide ice chips.
17. Do not allow the dog to chase animals including cats or squirrels.
18. Do not feed the dog anything but dog treats because they are given sufficient food at the shelter. Other foods may make them ill.
19. Swimming (river/pond) is discouraged because of transmission of giardia, a bacterial illness that causes diarrhea and compromises the dog's health.

Please note any incident that occurred while you had the dog that you think HRAAD should know about:

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Please send any comments about the dog behavior in an email to supervisors or in the white board. Your observations may help other volunteers handle the dog.

In addition to acknowledging and agreeing to the above, by signing below you agree to indemnify and hold harmless Hood River Adopt A Dog, Inc. from any and all liability related to taking a dog out of shelter or any injured sustained as a result or of connected with taking a dog out of the shelter.

Your signature: \_\_\_\_\_

Print name: \_\_\_\_\_