

# MetroWest Humane Society Volunteer Application Form

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Personal Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone (H): (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City/Town/Zip Code: \_\_\_\_\_ (C): (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_

Best way and time to contact you? \_\_\_\_\_

Have you ever volunteered at an animal shelter? (Including MWHS)  Yes  No

If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

\_\_\_\_\_

Do you have pets at home?  Yes  No ; What kind? \_\_\_\_\_

If you do not currently have a pet, have you had them in the past?  Yes  No

If yes, what kinds of animals? \_\_\_\_\_

Are/were they spayed or neutered?  Yes  No

If cats, do/did they go outside?  Yes  No

Why would you like to volunteer at MWHS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the date of your most recent tetanus vaccine? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you had pre or post exposure rabies vaccines?  Yes  No

If yes, year: \_\_\_\_\_

*Since many of the cats and kittens we work with often have unknown histories, we advise you to consider being rabies vaccinated at some point if you are volunteering in a capacity that involves working directly with the animals. This is your option, and it is not a requirement.*

Have you ever been arrested? If yes, what was it for and when?

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Do you have any allergies, physical, social/emotional or learning restrictions that you want us to know? \_\_\_\_\_

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### Availability and Interest:

When are you available to volunteer? (You are welcome to select more than one)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning care							
Evening care							

*\*Morning care arrivals times are between 7AM - 9AM*

*\*\*Evening care arrivals times are between 4:30PM – 6PM*

Are you able to work on a weekly basis?  Yes  No

Do you have experience with animals? (Briefly describe) \_\_\_\_\_

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Please check all that may be of interest to you:

	I can help	I have experience		I can help	I have experience
Shelter chores	<input type="checkbox"/>	<input type="checkbox"/>	Office work	<input type="checkbox"/>	<input type="checkbox"/>
Feeding/Medication	<input type="checkbox"/>	<input type="checkbox"/>	Food pantry	<input type="checkbox"/>	<input type="checkbox"/>
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	Trapping	<input type="checkbox"/>	<input type="checkbox"/>
Transport to vets	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
Socialization with shy/feral cats	<input type="checkbox"/>	<input type="checkbox"/>	Grant writing	<input type="checkbox"/>	<input type="checkbox"/>
Social media	<input type="checkbox"/>	<input type="checkbox"/>	Special events	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	Handyman skills	<input type="checkbox"/>	<input type="checkbox"/>

Are there any duties you would prefer not to do? \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information:

Emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

### Please list 2 references:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Are you willing to sign our no-fault clause?  Yes  No (See *MWHS Volunteer Agreement*)

# MetroWest Humane Society Volunteer Agreement

In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide by the mission, rules, regulations, policies and programs of the MetroWest Humane Society while I am a volunteer.
2. I assume the risks of being bitten, scratched, injured, or frightened by the cats and kittens in connection with my volunteer work for the shelter. MetroWest Humane Society is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for the shelter. I will indemnify, defend and hold the shelter harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for the shelter, or my breach of shelter rules, regulations, policies and programs.
3. I understand and agree that the shelter may refuse volunteer applications for any reason.
4. I have accurately and truthfully completed this Volunteer Application and Agreement.
5. Any modification to this Agreement must be in writing signed by both parties. This Agreement is binding upon the shelter, me, and the shelter and my respective heirs, successors, assigns, executors, and personal representatives.

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Applicant Signature

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Date