



ANIMAL RESCUE LEAGUE OF NH, NORTH  
223 East Main Street, POB 260  
Conway, NH 03818-0260; **603-447-1830**  
Volunteer Coordinator: **KIM HENRY**

## **VOLUNTEER FORM** 1/10

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL** (Please print clearly): \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If you are currently active with the CAHS, please list your duties and schedule:

\_\_\_\_\_

\_\_\_\_\_

**If under 18**, Date of Birth: \_\_\_\_\_

Have you attended a CAHS volunteer orientation? Yes \_\_\_ No \_\_\_

**Days Available:** Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_  
Friday \_\_\_ Saturday \_\_\_

**Available:** Mornings \_\_\_ Afternoons \_\_\_ **Hours:** Per week \_\_\_ Per month \_\_\_

Any special skills we should know about or could use?

\_\_\_\_\_

\_\_\_\_\_

**Addition information or Comments:**

\_\_\_\_\_

\_\_\_\_\_





## VOLUNTEER REFERENCES

*Please provide a minimum of two references (not related) we may contact:*

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**In what capacity do you know this person?**

\_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**In what capacity do you know this person?**

\_\_\_\_\_

**What was the date of your last tetanus shot?** \_\_\_\_\_

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*Thank you for your interest in volunteering for the Conway Area Humane Society!!*

*We will do our best to see that you receive guidance and training in whatever volunteer job you choose. Please let us know if you need any more information or questions answered that would make your experience with us easier and more rewarding.*

*We do appreciate your offer to help*



## VOLUNTEER AGREEMENT AND WAIVER

I agree to accept a position as a volunteer for the Conway Area Humane Society (CAHS), and acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature on behalf of CAHS. All services performed by me are at my own risk.

Also, I agree to familiarize myself and comply with the CAHS policies and procedures applicable to volunteers; and in particular, with their high standards of moral and ethical treatment of the animals under their care. I understand that failure to comply with these rules and standards may result in my being released from being a volunteer for the CAHS.

I agree to hold absolutely confidential all information that I may obtain, directly or indirectly, concerning clients, animals and staff. I understand that any violation, intentional or unintentional, of confidentiality may result in disciplinary action including termination.

I will notify the volunteer services department when I am unable to work as scheduled, or if I choose to discontinue my volunteer services. I understand, also, that certain jobs at the CAHS may require a dress code.

### RELEASE

I recognize that handling animals can put me at risk for injury. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless the Conway Area Humane Society, its directors, officers, employees and agents from any and all claims, causes of action or demands, or any nature or cause, including costs and attorney's fees incurred by the CAHS in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for CAHS; including, but not limited to, animal bites, accidents or injuries.

NAME (Please print) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

If under 18 years of age, parental signature is required below:

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



***NOTE: IF VOLUNTEER IS 13 OR YOUNGER, THEY MUST BE ACCOMPIED BY AN ADULT.***

***NOTE: IF VOLUNTEER IS BETWEEN OF 13 AND 16, AN ADULT MUST ACCOMPANY THE VOLUNTEER UNTIL STAFF SIGNS OFF ON THEM BEING ON THEIR OWN; AND, WORKING PAPERS ARE REQUIRED FROM THEIR SCHOOL.***