



Seattle Humane
THE HUMANE SOCIETY
 FOR SEATTLE/KING COUNTY

13212 SE Eastgate Way • Bellevue, WA 98005
 (425) 649-7557 (Volunteer Office)
 volunteers@seattlehumane.org
 www.seattlehumane.org

Office Use	Date Rec'd _____ BC _____ Pgm _____ Referred _____
	HS 101 _____
	Training _____ Date _____
	Training _____ Date _____

Volunteer Profile

Volunteers **must be at least 18 years old**. Your information will be kept confidential and will not be shared with other organizations. Please fill out the application completely and mail it to the address above indicating **Volunteer Application** on the envelope. **Please print clearly.**

Dr./Mr./Mrs./Ms./Miss _____

(Circle title or write in if other) (LAST name) (First name) (MI) (Nickname)

Address: _____

(Street) (City) (State) (Zip+4)

Home phone: _____ Cell phone: _____ Business phone: _____

E-mail (Watch for email from volunteers@seattlehumane.org): _____

Your employer: _____ Occupation/title: _____

Do you have a physical, medical, or psychological limitation or disability? (e.g., heart condition, back injury, allergy, phobia, etc.)? If so, please explain. This information helps us place you in an appropriate volunteer program.

Please provide the name of someone to contact in case of emergency:

(Emergency contact name) (Relationship to you) (Phone number)

Are you interested in becoming a foster parent *only*? No Yes If so, please indicate cats or dogs? _____

Are you working with an agency or job coach to gain job skills through volunteering? No If you are, we are unable to accommodate your request.

Have you been referred to us to complete *court-ordered* community service hours? No Yes

Are you applying to volunteer with us to complete a school requirement? No Yes

Number of hours required: _____ Date hours due: _____

By signing this application, I understand that as a volunteer of Seattle Humane Society I agree to the following:

- I am at least 18 years old.
- I agree to volunteer for at least 6 months upon completion of training.
- I agree to attend all required training classes and agree to be supervised by Volunteer Services or a designated staff person, and I will take ideas, constructive comments, suggestions, and criticisms directly to my program coordinator or to Volunteer Services.
- I give Seattle Humane Society permission to use photographs or video footage of my volunteer activities should it benefit the volunteer program or the organization.
- I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Washington State Worker's Compensation Law, but by state industrial accident insurance through the Washington Department of Labor and Industry. I authorize Seattle Humane Society to seek emergency medical treatment for me in case of accident, injury, or illness and to hold the organization harmless for such treatment.
- I understand that as a volunteer I may gain access to information about the organization, customers, or staff that is confidential. I agree to respect and maintain the confidentiality of all donors, customers, volunteers, staff, and other individuals working with the organization on and offsite, during and outside of my time volunteering.
- I understand that I must carry my valid driver's license and current automobile insurance to drive any vehicle while on Humane Society business. If my driving or insurance status changes, I agree to notify Volunteer Services immediately.

Signature of volunteer _____ Date _____