

Shelter Use Only:

Orientation Date: _____

CATS _____ DOGS _____

Shift Selected: _____

Start Date: _____

Training Date: _____ Completed: _____

Background Check: _____

Evaluation Form Received: _____

Volgistics log in sent: _____

CHA Animal Shelter

3765 Corporate Drive, Columbus, OH 43231

Phone: (614) 891-5280

www.chaanimalshelter.org

Volunteer Application

Thank you for your interest in becoming a volunteer at CHA! Please complete this Volunteer Application, then read and sign the Volunteer Agreement and Code of Conduct on page 2, legibly printing all information.

Youth Volunteers: Ages 14-15 years require a parent to complete all forms and volunteer with the child at all times.
Ages 16-17 must have a parent co-sign the Volunteer Agreement and Code of Conduct.

Community Service: Our volunteer program is not for individuals needing to complete court ordered Community Service.

(First)	(Middle)	(Last)	Workplace	Occupation
Volunteer Name			Age Group: check one	14-15 _____ 16-17 _____ 18+ _____
Parent Name if youth is under 18				

Street Address	City	State	Zip
----------------	------	-------	-----

Phone	Email Address
-------	---------------

Please check the types of volunteer work that you would like to do:

Dog Caretaking Cat Caretaking Adoption Counseling Fundraising Substitute*
 Maintenance Landscaping Transportation Events Foster Care

Are you able to commit to volunteering for CHA a minimum of one shift every two weeks (6 hours per month)? Yes No

Are you volunteering to fulfill required volunteer hours for school? Yes No

** CHA does not accept volunteers for the purpose of fulfilling court ordered volunteer service. **

How did you hear about CHA? _____

Do you have previous volunteer experience? If yes, please explain the position(s) and list organization(s).

Please describe any experience or education you have with animal care:

Do you have any physical restrictions, medical limitations or allergies that would affect your volunteer duties? Please list.

Please list who we should contact in case of an emergency while you are volunteering:

Full Name	Relationship	Work Phone	Home Phone	Other Phone
-----------	--------------	------------	------------	-------------

CHA VOLUNTEER AGREEMENT and CODE OF CONDUCT

(Please read and initial each line):

- _____ I have accurately and truthfully completed the Volunteer Application and I give my permission to CHA to verify any of the information in the application.
- _____ I agree that my services are provided on a volunteer basis without pay or compensation of any kind.
- _____ I agree to abide by the policies and procedures of CHA, during my time as a member of the volunteer staff. I will conform to all rules and regulations commonly applying to employees of CHA, including safety, discrimination, harassment, and confidentiality.
- _____ I will confide all comments, questions, suggestions, whether positive or negative, to my immediate Lead Volunteer and/or the Volunteer Coordinator.
- _____ I give consent to CHA to use any photographs taken of me on property or at a special event for public relation purposes.
- _____ As a volunteer worker, I acknowledge that I will be acting entirely at my own risk. I am aware of the dangers inherent in handling animals and the potential hazards inherent in the normal course of volunteer work at CHA. Should I have concerns or questions about tetanus or rabies vaccinations, I am encouraged to consult a physician to decide whether or not to be vaccinated at my own expense.
- _____ I hereby release, discharge and indemnify CHA, its agents, employees, directors, officers and insurance carriers from any and all claims, damages, and judgments present or future, whether known or unknown, on account of any personal or bodily injury and/or on account of any damage to personal property suffered and sustained by me from any incident caused or arising out of, during or in connection with, any volunteer work for or on behalf of CHA.
- _____ I understand and agree that the terms of this agreement shall be binding upon my heirs, my assignees, my personal representatives and myself.
- _____ In the case of emergency in which I require medical care, I authorize CHA to act on my behalf.
- _____ I understand CHA has the right to terminate this agreement at its discretion.

I further agree to:

- Support the goals and efforts of CHA with a positive attitude.
- Approach my volunteer job responsibilities with professionalism.
- Treat all animals with kindness.
- Promote goodwill by handling contacts with staff, other volunteers, and the public in a spirit of courtesy and cooperation.
- Report to my volunteer job physically and mentally fit for duty. CHA is a drug free workplace and use or possession of firearms or weapons of any kind are prohibited.
- Provide appropriate notice of unavoidable absence or lateness.
- Deal fairly with all CHA colleagues, co-workers, supervisors, customers, visitors, volunteers, etc., without regard to their gender, race, ethnicity, religion, creed, age, sexual orientation, marital status, national origin, ancestry, citizenship, military status, veteran status, handicap or disability.
- Only serve as agency representative in the community or media spokesperson when authorized to do so by CHA management.
- Correct, when possible, misleading or inaccurate information and representations made by others concerning CHA policies, practices and procedures.
- Maintain and safeguard the confidentiality of all business, donor, employee, volunteer and animal records, credit and financial information, and/or any information relating to the operation of the agency that is not known or readily accessible to the public.
- Observe all safety and security rules in the performance of my volunteer job duties.
- Report accidents, injuries, fire, theft or other unusual incidents immediately after occurrence or discovery.
- Avoid engaging in any conduct that is or could be perceived as a conflict of interest. Refrain from using CHA property, services or supplies for personal reasons unless given prior permission by the appropriate staff member.
- Contact the Volunteer Coordinator if I have questions or concerns about CHA policies, procedures, interpersonal communications, or my volunteer responsibilities.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement and Code of Conduct, and I agree that I will comply with the same.

A parent or legal guardian must sign this agreement along with any child under the age of 18 years old.

Adult Signature (parent/persons 18 years or older)

Date

Youth Signature

Date