



F.C.H.S. Volunteer Application

Thank you for your interest in volunteering with the Frederick County Humane Society. We are excited to have you as a part of our team. Please complete the following application and we will contact you when an opportunity in your area of interest arises. You will be paired with a more experienced volunteer until you are totally comfortable.

Date Submitted: _____

Name: _____

Address: _____ Home Phone: _____

Cell/ 2nd Phone: _____

E-mail: _____ Best way to reach me: [] phone [] email

Under 18: Yes No If yes, Date of Birth: _____

Do you have any special skills to share? (*ex: law degree, accounting, artistic, editorial, logistics*)

Are you currently a member of the Frederick County Humane Society? (circle) Yes No

Why would you like to volunteer for us? _____

Volunteer Opportunities: (*Complete descriptions are available for each position.*)

- | | |
|--------------------------------------|--|
| <input type="radio"/> Special Event | <input type="radio"/> Pet Food Bank Collection |
| <input type="radio"/> Event Planning | <input type="radio"/> Quarterly Newsletter |
| <input type="radio"/> Office Help | <input type="radio"/> Humane Education |

Emergency Contact:

Name: _____ Relation: _____

Address: _____ Phone: _____

_____ Alt. Phone: _____

Available days and times of the day: (*ex: any Saturday, afternoons only*)

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____ Any Time: _____

- ❖ Contact us with any questions at 301-694-8300, stop by 550 Highland St, Suite 200, Frederick, MD 21701, or email us at info@fchs.org.

** For Office Use **

First Volunteer Position and date: _____



Frederick County Humane Society Volunteer Agreement & Liability Release Form

I acknowledge that I have voluntarily applied to help at the Frederick County Humane Society (herein referred to as FCHS). That being the case, I, _____, agree to the terms and conditions stated hereafter.

- I understand that as a volunteer I will not be paid for my services, and that I will not be eligible for any Workers Compensation benefits.
- I will never strike, push, or otherwise harm any animal under my care or the care of the FCHS.
- I will keep confidential all information that I learn in my volunteer capacity, either directly or indirectly, concerning the FCHS, its operations, and its clients. I understand that strict adherence to this confidentiality policy is critical.
- Whenever I represent the organization, I will do so with an enthusiastic and positive attitude, supporting the vision and mission of the FCHS at all times.
- I will treat staff and fellow volunteers with respect and courtesy.
- I will follow the policies and procedures of the FCHS as they relate to my voluntary services.
- I will view my signing up to help with an event or project as a firm commitment of my time. I will arrive on time, ready to do what I agreed to do. In the case of an emergency, I will contact the FCHS as promptly as possible at 301-694-8300, ext. 0.
- Knowing the potential dangers, hazards, and risks associated with any volunteer service, and with sufficient knowledge of my physical condition and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person or property in any way associated with my participation in the volunteer service.
- I hereby release and forever discharge and agree that I, my assignees, heirs, guardians and legal representatives will not make a claim against the FCHS or any of its officers or staff, or any of the volunteer workers, for any injury or death to me, however caused, arising from my participation in performing volunteer services for the FCHS whether due to negligence, mistake or other action or inaction of the FCHS or any person or entity.
- I am aware that if I do not follow these stipulations, the FCHS reserves the right to dismiss me as a volunteer for the organization.

I have carefully read the above terms and conditions and recognize that by signing below I agree to comply with them.

Printed Name

Date

Signature _____

* For Office Use *

First Volunteer Position and date: _____