



Humane Society
of Chittenden County

Where Best Friends Meet

THE HUMANE SOCIETY OF CHITTENDEN COUNTY

142 Kindness Court • South Burlington, VT 05403

Volunteer Coordinator (802) 862-0135 ext. 14

Website: <http://www.chittendenumane.org>

VOLUNTEER APPLICATION

HUMANE SOCIETY OF CHITTENDEN COUNTY MISSION STATEMENT

To foster compassionate treatment of animals and to prevent animal suffering through:

- Educational programs for schools, community groups, and the general public
- Programs to reduce pet overpopulation
- Sheltering homeless and unwanted animals

PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION.

HSCC encourages the participation of caring individuals who would like to help make a difference in the lives of animals and the community where they live. **All new volunteers must meet the following minimum requirements:**

- Be 12 years of age or older.
- Youth ages 12-15 are required to volunteer with a parent or an adult chaperone.
- Be able to make at least a three-month commitment.
- Be able to commit to scheduled volunteer times where applicable.
- Read, sign, and agree to adhere to HSCC's Volunteer Agreement.

So that you are comfortable in your new role as a HSCC volunteer, we first provide you with an orientation. There may be additional training(s) required for certain volunteer positions.

Upon review of your application, we will contact you to schedule your orientation. We place volunteers based upon the current needs of the shelter and the volunteer's interest, abilities, and availability. Orientations are scheduled in the order in which the applications are received. Each orientation lasts approximately one hour. This is the time to learn our policies, procedures and programs and to gain a thorough understanding of the many ways you can truly make a difference.

If you agree with the above, we encourage you to complete this application.

Staff Use

Name: _____

Orientation Date: _____

Trainings: _____

Notes: _____

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First)

Address: _____
City Zip

Contact Information: _____
Phone # *E-Mail Address

**Your email address is important for communication—your personal information will not be shared.*

Age (if under 18): _____

(Volunteers must be a minimum of 12 years of age; under 18 must have approval of parent or legal guardian)

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

Relationship to you: _____
Phone (primary) Phone (other)

If you will be volunteering with a youth between 12 and 15 years of age, please fill out the following information.

Youth Volunteer’s Name Date of Birth

Youth Volunteer’s emergency contact: _____

Day Phone Evening Phone Email

What is your relationship with the Youth Volunteer? _____

COMMUNITY SERVICE APPLICANTS

*Are you volunteering to fulfill a community service requirement? ____ (Yes) ____ (No)

If yes, please select one:

- School/ College Credit
- Religious Organization
- Placement through Vocational Counselor or Case Manager

Contact Person and Phone: _____

**Court Mandated: _____
Probation Officer’s Name Phone

Other _____

How many hours are you required to complete? _____

*** Community service hours may not be completed through dog walking or socializing with animals. Please see “HSCC Policies and Requirements for Community Service Applicants” posted outside the Volunteer Office or on our website.**

**** If you need to fulfill Court Mandated Community Service hours, you must first contact the Volunteer Coordinator at 802-862-0135 ext. 14 to schedule an interview.**

GENERAL QUESTIONS

Do you have previous volunteer experience?

Organization	Activities	Dates

How did you hear about our volunteer program? _____

Do you have any physical restrictions, medical limitations or allergies? _____

Please list any special skill(s) that you may have that might be helpful to the shelter (artistic, carpentry, landscaping, photography, animal handling experience, etc.)

What are your goals as a volunteer at HSCC? _____

Do you have any pets? If yes, tell us about them. _____

Have you ever adopted from HSCC? ___(Yes) ___(No)

VOLUNTEER OPPORTUNITIES

Position selection:

Our volunteer program gives new volunteers the opportunity to work hands-on with our animals and to help out with various cleaning duties that keep our facility healthy for the animals. A description for each volunteer position and special interest is posted outside the Volunteer Office or on our website.

I prefer to start with (select two, rank in order of preference):

- ___ Morning Animal Care
- ___ Afternoon Cleaning
- ___ Cat/ Small Animal Socialization
- ___ Dog Walking (must be 18 years or older; youth volunteers may accompany a dog walker)

Special volunteer interests (select as many as three, rank in order of preference):

- ___ Special Events/ Fundraising
- ___ Vet Driver
- ___ Education/ Outreach
- ___ Foster Care Program
- ___ Office/Administrative Work
- ___ Photography
- ___ Writing/ Publications

CURRENT AVAILABILITY (circle all that apply):

TIMES: (weekdays, between 8am–11am) (weekdays, between 1pm-close)
(weekend, between 8am -10am) (weekend, between 10:30am - close)

FREQUENCY: (twice a week) (once a week) (twice a month) (once a month)
Circle the months in which you plan to commit to the above schedule:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

If your availability changes during part of the year, please indicate that here:

TIMES: (weekdays, between 8am–11am) (weekdays, between 1pm-close)
(weekends, between 8am -10am) (weekends, between 10:30am - close)

FREQUENCY: (twice a week) (once a week) (twice a month) (once a month)
Circle the months in which you plan to commit to the above schedule:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Are you able to volunteer on a regular schedule (for example, the same time every week)?
____(Yes) ____ (No)

Are you willing to commit to at least 2 hours a week for 3 months if your volunteer position requires it?
____(Yes) ____ (No)

EUTHANASIA POLICY

Every animal that comes through our door is seen as an individual. During our adoption process, we try to find the best possible home for each and every animal. We do not have a set time limit on how long an animal can stay. We have had animals for longer than a year and as short as 1 day. The Humane Society of Chittenden County has a high adoption rate, yet at times, due to medical or behavioral problems, the most humane thing we can do is to put homeless and unwanted animals to sleep. HSCC is constantly striving to educate the public about issues such as spaying and neutering, that will someday eliminate the need to euthanize (put to sleep) homeless and unwanted animals. Spaying, neutering, and euthanasia are all, at the present time, necessary components of animal welfare work. Do you have any concerns regarding spaying, neutering, or euthanasia?

THANK YOU for completing the Volunteer Application Form.
Please be sure you have answered all of the questions.
You can drop off, mail, fax or email this application to:

**Humane Society of Chittenden County
Volunteer Coordinator
142 Kindness Court
South Burlington, VT 05403
(802) 862-0135 • Fax (802) 860-5868
www.chittendenumane.org**

VOLUNTEER AGREEMENT

As an HSCC Volunteer, you will be required to abide by the terms of a volunteer contract. The agreement below details what HSCC will expect of you and what you can expect from HSCC.

If accepted as an HSCC Volunteer, my signature below indicates that I understand and agree to the following:

- I will abide by HSCC's policies and procedures.
- I will report directly to the Volunteer Coordinator or to the Shelter Manager should any problem arise.
- I will keep confidential all information acquired by me in the course of my volunteer service at HSCC.
- I authorize HSCC to seek emergency medical treatment on my behalf in case of accident, injury, or illness. If I am injured while acting as a volunteer for HSCC, I understand that I am not covered by any HSCC health policy.
- I understand that there are risks in volunteering at HSCC. I agree that I will not make any claims against HSCC or against anyone connected with HSCC. I also agree to hold HSCC harmless from any claims that might be made against HSCC or against anyone connected with HSCC because of my action or inaction.
- If I fail to abide by the terms of this agreement or am otherwise unable to meet program requirements, I will no longer be able to serve as a HSCC Volunteer.
- I further grant full permission to any and all of the foregoing to use my photograph, videotape, or other likeness of my volunteer participation as HSCC chooses without compensation.
- I understand that volunteering at HSCC is at-will. Active volunteer status at HSCC may be terminated for any reason, with or without cause or notice, at any time, by the volunteer or HSCC. If I have not reported hours for six months, my active status as a volunteer will be removed, and I will be required to attend a refresher training should I return.

Volunteer Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____

(If Volunteer is under 18 years of age.)

**Thank you for your interest in volunteering at HSCC.
You are helping to create a more humane community.**