



BMHS  
7 E. George St.  
Walla Walla, WA 99362

Shelter Phone: 509-525-2452  
Office Phone: 509-529-5188  
[www.bluemountainhumane.org](http://www.bluemountainhumane.org)

## Application for Volunteer Position

Orientation Date \_\_\_\_\_

Start Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age group: (please circle one) 18-36 37-60 Over 60

Current School or Occupation: \_\_\_\_\_

### VOLUNTEER POSITION DESIRED

Volunteer Position: \_\_\_\_\_ Date you can begin: \_\_\_\_\_

Availability (*please indicate the days & times you are available*)

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Sat \_\_\_\_\_ Sun \_\_\_\_\_ Can you commit to a minimum 3 month service? \_\_\_\_\_

### IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

### BACKGROUND CHECK

Have you ever been convicted of a criminal offense? (please circle one) Yes No

Have you ever been charged with neglect, abuse or assault? (please circle one) Yes No

## PREVIOUS EXPERIENCE

Do you have any prior experience as a volunteer? If yes; for which organization? What were your duties? \_\_\_\_\_

Please tell us briefly why you would like to become a BMHS Volunteer: \_\_\_\_\_

Do you have any physical limitations or allergies that may limit your ability to perform? Yes No

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**In anticipation of being accepted into the Blue Mountain Humane Society's Volunteer Program, please read and sign the agreements below:**

- \*\*\* I authorize Blue Mountain Humane Society (BMHS) to seek medical treatment in case of accident, injury or illness.
- \*\*\* I understand that if I am injured while acting as an unpaid volunteer at BMHS, that I am covered by the Washington State Worker's Compensation Law.
- \*\*\* I agree to abide by the policies and procedures presented to me at volunteer orientation and any subsequent training.
- \*\*\* I will take any ideas, constructive comments, suggestions and criticism directly to the Coordinator of Volunteers & Humane Education, Director of Shelter Operations or the Executive Director.
- \*\*\* If communication problems develop between employees and myself, as a volunteer, I will report these to the Coordinator of Volunteers & Humane Education or the Director of Shelter Operations as soon as possible.
- \*\*\* I agree to be supervised by the staff at the Blue Mountain Humane Society and to make the best, most productive use of my time while volunteering.

*In signing this application, I understand and agree to the above statements.*

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Thank you for your interest in volunteering at the Blue Mountain Humane Society!*

## ADULT VOLUNTEER RELEASE FORM

This Release is executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
(date) (month) (volunteer's name)  
residing at \_\_\_\_\_, in the City of \_\_\_\_\_,  
(address)  
County of \_\_\_\_\_, State of \_\_\_\_\_.

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily requested to participate in volunteer activities, including but not limited to work in the kennel and shelter areas, and assistance at/in Blue Mountain Humane Society or at special events, for Blue Mountain Humane Society, a Washington non-profit organization. I further understand I will not receive compensation for duties performed as a volunteer at the BMHS Shelter/Thrift store.

**I AM AWARE THAT THIS ACTIVITY MAY BE HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH RESULTING FROM SAID ACTIVITY.**

\_\_\_\_\_  
(Vol. Initials)

As lawful consideration for being permitted by BMHS to participate in the activities on a volunteer basis, I hereby agree that I, my heirs, distributes, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or pursue prosecution of BMHS or any of the corporate agents, officers or directors of BMHS, for the injury or damage resulting from the negligence or other acts, or defective conditions, howsoever caused by any employee, agent, director, officer or contractor of BMHS as a result of my participation in volunteer activities.

I hereby, in addition release and discharge BMHS and any affiliated organizations, from all actions, claims or demands which I, my heirs, distributes, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in the volunteer activities.

I also give my permission for treatment by a professional medical person and for hospital admission, if necessary. The undersigned agrees to be the party responsible for all medical expenses incurred, and represents that they are legally authorized to make this agreement.

Releaser expressly agrees that this release is intended to be as broad as inclusive as permitted by the State of Washington, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**I HAVE CAREULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABITLIY AND A CONTRACT SIGNED BETWEEN MYSELF AND BMHS. I HAVE SIGNED THIS DOCUMENT OF MY OWN FREE WILL.**

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.  
(day) (month)

\_\_\_\_\_  
Volunteer Signature

## Volunteer Commitment Statement

I am volunteering my services to the Blue Mountain Humane Society solely for my personal purposes or benefits without promise or expectation of compensation or benefits. I understand and agree, that in the performance of my duties as a volunteer at the Blue Mountain Humane Society, I must abide by all policies and procedures, including holding as strictly confidential, all information that I may obtain directly or indirectly concerning animals housed on the impound or infirmary side of the Blue Mountain Humane Society shelter facility. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Material Safety Data Sheets (MSDS) – Chemical Evaluation & Training Release Form

*(This section is to be signed after participating in BMHS' Volunteer Orientation)*

I have gone over the basic chemicals that I am in contact with on a daily basis in the Blue Mountain Humane Society Shelter with the Management team. I know where the MSDS Book is kept and that if I have any questions on any of the chemicals that I come into contact with I am to talk to my management team and review the MSDS Book.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## BMHS Policies and Procedures

I have read the policies and procedures outlined in the volunteer manual and by initialing each statement below; I agree to participate and follow each policy and/or procedure and to follow staff instruction when given.

<input type="checkbox"/> Volunteer Commitment	<input type="checkbox"/> Recording of Volunteer Hours
<input type="checkbox"/> Training / Advancement	<input type="checkbox"/> Adoption Procedure
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Confidentiality
<input type="checkbox"/> Dress Code	<input type="checkbox"/> Injury
<input type="checkbox"/> Euthanasia	<input type="checkbox"/> Complaints
<input type="checkbox"/> Resignation	<input type="checkbox"/> Termination

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Name: \_\_\_\_\_