



## Volunteer Application

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Which volunteer position are you applying for? \_\_\_\_\_

Which days can you volunteer? \_\_\_\_\_

What times work best for you? \_\_\_\_\_

## Volunteer Release

I, the undersigned, hereinafter referred to as Releaser, on the date written below do hereby release, waive, and forever hold harmless the Lakes Region Humane Society (LRHS) from all claims, injuries, illnesses, or harm suffered at LRHS or while in the company of animals belonging to LRHS or on the LRHS premises. This release shall be binding on the Releaser, his/her assigns, executors, administrators, conservators or guardians. Releaser acknowledges that no compensation shall be received from LRHS for volunteer services performed.

By signing below Releaser is acknowledging that while engaging in animal care or general tasks at LRHS or while fostering, a risk of possible injury, illness, or harm from contact with the animals is presented as is a risk of general injuries or accidents. By signing below Releaser agrees to take FULL financial and legal responsibility for accidents or incidents occurring at LRHS or off-site involving an animal owned by LRHS, this includes car accidents, pet fights, pet injuries, and injuries to people caused by interactions with LRHS pets.

I, the Releaser, promise to always keep LRHS canines on leash, understand that dogs should not be allowed to drink from any natural body of water (may cause intestinal parasites). I will keep LRHS dogs away from other dogs and cats and keep cats in their designated cat rooms and/or cages and away from other pets in the foster home.

**By signing below Releaser agrees to accept full liability for any bites, scratches, falls, illnesses, and general accidents or injuries they may obtain while at LRHS or on its grounds.** Releaser also agrees that, if visiting with a minor, the act of signing yourself in will legally indicate that you agree to accept liability and responsibility for that minor(s) while at LRHS.

Releaser/Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

LRHS Staff Approval: \_\_\_\_\_ Date \_\_\_\_\_

*Volunteer forms must be submitted annually.*

## Confidentiality & Social Media Policy

All information concerning clients, staff, volunteers, animals, euthanasia decisions, finances, and business records of LRHS is confidential. "Confidential" means that you are free to talk about LRHS and about your position with us, but you are not permitted to disclose identities or discuss others in a manner that would darken the reputation of LRHS, its representatives, or its wards. This is a basic component of client care and business ethics. LRHS relies on the board of directors, staff, our clients, and volunteers to conform to this rule of confidentiality. LRHS expects you to respect the privacy of clients, staff, pets, and Board Members and to maintain their personal and financial information as confidential.

### Social Media Presence

LRHS respects the right of any employee or volunteer to maintain a social media presence. However, to protect LRHS's interests' employees and volunteers must adhere to the following rules:

1. Contemplate the speed in which information posted on social media can be relayed and often misunderstood by readers before posting.
2. All above Confidentiality rules apply, in full, to personal conversations, written communications and social media outlets.
3. Employees and volunteers are prohibited from mentioning LRHS or posing images/materials recorded at LRHS without prior written consent from the Executive Director. Posts created by LRHS are, of course, sharable.
4. Staff and volunteers of LRHS should not represent LRHS in a manner that may be construed by others as harassing or offensive based on race, national origin, sex, sexual orientation, age, disability, religious beliefs, or any other characteristic protected by federal, state, or local law. Violators of this policy may be subject to disciplinary action, up to and including discharge.

Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could result in the agency's refusal to support you in the event of legal action.

Violation of the state statutes regarding confidentiality of records is punishable upon conviction by fines or by imprisonment or by both.

### Certification

I have read LRHS's policy on confidentiality presented above. I agree to abide by the requirements of the policy and inform the Executive Director immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with LRHS.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_