

YOUTH VOLUNTEER APPLICATION

Return to:
Kitsap Humane Society
9167 Dickey RD NW
Silverdale, WA 98383
ATTN: Ashley Llapitan



For Office Use Only
Fee Paid On: _____
Orientation Completed On: _____
Canine 101/Feline 101 Completed On: _____

Date: _____

VOLUNTEER INFORMATION (please print)

Name _____ Gender _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____ Date of Birth ____/____/____

(please print clearly)

How did you hear about our volunteer program? Please check all appropriate boxes:

Word of mouth

Were you referred by a current or former KHS volunteer? If so, who?:

Social Media

Craigslist ad

Internet search/KHS Website

VolunteerMatch

Info booth

Other: _____

- Our volunteer program requires eight hours of service per month for at least six months.
- Please turn in your application at the shelter during normal business hours or email to volunteerdept@kitsap-humane.org.
- There is a \$15 volunteer fee, \$25 Youth Volunteer Team fee for one adult and one youth and \$35 Youth Volunteer Team fee for one adult and two youths.

Many of the shelter’s volunteer opportunities include strenuous physical activity. If either of you have any limitations, physical or psychological, which require accommodations or restrict your ability to volunteer, please list these below. This is meant to inform the Volunteer and Department Coordinators so that we can fully inform you



regarding physical demands of different assignments during your onboarding, not to limit your volunteer experience.

I am interested in:
(please check any that apply)

Youth Program (ages 13-15)

- Dog Walker
 - Cat Socializer
 - Special Events (parades, etc...)
 - Customer Service
 - Adoption Outreach
 - Animal Care (kennel cleaning)
-

In signing the application, I understand and agree to the following:

- I have read the complete Youth Volunteer Team Manual, and I agree to comply by all rules and regulations stated in the Youth Volunteer Team Manual.
- I agree to attend all required training classes. I agree to abide by the policies and procedures presented to me at the volunteer orientation and training workshops. I understand that if I do not follow rules established by the Kitsap Humane Society, I may be subject to corrective action and/or termination from the Volunteer Program.
- I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Washington State Workers Compensation Law. I authorize the Kitsap Humane Society to seek emergency medical treatment in case of accident, injury or illness. I agree to hold the Kitsap Humane Society, its employees, volunteers and officers harmless in all matters relating to my service as a volunteer, including but not limited to personal injury.
- I agree on behalf of myself, my heirs, personal representatives and executors to allow the Kitsap Humane Society to use any photographs or videotapes taken of me for use in public relations efforts.
- I understand that I am a representative of the Kitsap Humane Society and that I may have access to personal or privileged information regarding the organization. I agree to respect and maintain confidentiality of all donors, customers, volunteers, staff and animals of the Kitsap Humane Society both on and offsite, during and outside of volunteer hours. I understand that any disrespectful or misleading representation of the Kitsap Humane Society may be cause for immediate dismissal from the Volunteer Program.



- I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release the Kitsap Humane Society from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.
- I understand the hourly requirements for being a Volunteer at Kitsap Humane Society is eight hours a month for a minimum of six months. I understand that if I am unable to meet the hourly requirements for Volunteering that there are other options, but I must contact the Volunteer Department Coordinator at volunteerdept@kitsap-humane.org before starting

Youth Applicant Signature **Date**

Print Name

Email

FOR PARENTS AND/OR GUARDIANS:

In signing the application, I understand and agree to the points listed above. I also understand that because my child is under the age of 16, he/she will need to be accompanied by a parent or adult at all times while at KHS.

Parent/Guardian Signature **Date**

Print Name

If your child is being supervised at KHS by someone other than a parent or legal guardian, please authorize:*

I authorize _____ to supervise my child in their KHS volunteer activities.

Parent/Guardian Signature **Date**

**If a person other than the child's parent or guardian is supervising the child while at KHS, that person must complete and submit a general volunteer application.*

