



Volunteer Application: Animal Assisted Activities & Therapy

Handler

First Name: _____ Last Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Employer: _____

Animal

Name: _____ Species: _____ Breed: _____

Weight: _____ Sex: M / F Altered: Yes / No Birthdate: _____

Pet Partners

Registration Date: _____ Please Circle Team Qualification: Predictable Complex

Facility Placement

I am interested in visiting the following types of facilities and/ or participating in the following activities:

- | | | |
|---|--|---|
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Libraries | <input type="checkbox"/> In-Home Visits (Hospice) |
| <input type="checkbox"/> Retirement Homes | <input type="checkbox"/> Halfway Houses | <input type="checkbox"/> Booths / Presentations |
| <input type="checkbox"/> Rehabilitation Centers | <input type="checkbox"/> Group Homes | <input type="checkbox"/> Veterans Centers |
| <input type="checkbox"/> Schools | <input type="checkbox"/> In-patient Hospices | <input type="checkbox"/> Crisis Response Sites |

If you are interested in visiting at Enloe Hospital or participating in the Chico Library Reading Program please see our website buttehumane.org for any additional steps required.



Waiver and Release of Liability

1. **Voluntary Participation:** I, the Handler named above, acknowledge that I have requested permission for the Animal named above and I to provide services on behalf of Butte Humane Society. Those services are expected to include (without limitation) the on-leash presence and interaction of the Animal and I with groups of senior, disabled, ill, juvenile and other particularly vulnerable and unpredictable populations.

2. **Assumption of Risk:** I AM AWARE THAT THE ACTIVITIES IDENTIFIED ABOVE MAY BE HAZARDOUS TO THE ANIMAL , TO MYSELF, AND TO THE POPULATIONS AMONG WHICH WE WILL INTERACT. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, TO MYSELF OR TO MY ANIMAL, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____

3. **Release:** As consideration for being permitted to participate in the activities described above, I hereby agree that I, my successors, assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue, or otherwise assert liability against the Butte Humane Society or against any of its officers, directors, or employees, (collectively, "Butte Humane") for injuries or damages resulting from the negligence or other acts, howsoever caused, as a result of my participation in the activities described above. I hereby release Butte Humane from all actions, claims or demands that I, my successors, assignees, heirs, distributees, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

4. **Limitations on Conduct:** I will at all times abide by and conform to all rules, regulations, and standards which may, from time to time, be adopted by the Butte Humane Society, and which relate to the activities described above. I will never provide any services to Butte Humane Society with any Animal except that which is identified above, and I will never permit any person, other than myself, to employ the Animal identified above in providing services to the Butte Humane Society.

5. **Knowing and Voluntary Execution:** I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BUTTE HUMANE SOCIETY, AND I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed at _____, California, on _____, 20____.



General Volunteer Agreement

All of us at Butte Humane Society are deeply grateful for the vital services contributed by our caring volunteers. Our Volunteer Program has become an important and integral part of Butte Humane Society. On behalf of the animals that you help every day, thank you for contributing your precious time and energy, and for helping us be an organization of which we can all be truly proud.

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

1. I authorize Butte Humane Society to seek emergency medical treatment for me and/or my pet in case of accident, injury, or illness.
2. I agree to abide by the policies and procedures presented to me at the volunteer orientation and training meetings and to follow the instructions of AAA/T program staff.
3. I agree to support the mission of the program: to bring the benefits of animal companionship to a wide range of populations within our community.
4. I will take ideas, constructive comments, suggestions, and criticisms directly to the program leader and agree to be supervised by the program leader.
5. If communication problems develop between employees and me, I will report these to the program leader as soon as possible.
6. I understand that Butte Humane Society records regarding previous and new owners are to be kept confidential.
7. I understand that because I may handle animals, it is important to discuss the animal-related vaccinations with my physician and to continuously provide Butte Humane Society with up-to-date health information for my pet.
8. I understand that if I am injured while acting as an unpaid member of the volunteer staff, that the California State Workers' Compensation Law does not cover me.
9. Butte Humane Society has my permission to use any and all photographs taken of me to promote society services and programs or to publicize any event. I understand that all prints and negatives become sole property of Butte Humane Society and may be used without payment or prior notification.

Printed Name

Signature

Date

Parent's Name

Signature

Date