



**HULL SEASIDE ANIMAL RESCUE**

**PO Box 787, Hull, MA 02045**

**781-925-3121**

**[www.hsar.org](http://www.hsar.org)**

## **Volunteer Application**

**Please Note the Minimum Age For Volunteers is 16 Years Old**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

**In an emergency please notify:**

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Physician and phone \_\_\_\_\_

Do you have any allergies or physical condition that might affect your volunteer work?  
If so, please describe.

Please list 2 personal or business references:

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Years acquainted \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Years acquainted \_\_\_\_\_

Are you acquainted with any former or current HSAR volunteer?  
If yes who and what is your relationship to them?

Are you a member of any other animal welfare organization?  
If yes how do you participate?

Why do you want to volunteer at HSAR?

If you are here through a volunteer program (school, etc) please indicate the following:

Agency/School \_\_\_\_\_

Address \_\_\_\_\_

Name of contact person \_\_\_\_\_

Phone \_\_\_\_\_

Number of hours required to work \_\_\_\_\_

Have you had any formal education in pet care or animal welfare?  
If yes, please describe.

Have you done any other volunteer work?  
If yes, please describe.

Areas of Interest. Please check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> cat care                               | <input type="checkbox"/> fundraising               | <input type="checkbox"/> socialization    |
| <input type="checkbox"/> foster care                            | <input type="checkbox"/> administrative            | <input type="checkbox"/> writing/outreach |
| <input type="checkbox"/> transportation to vet appointments     | <input type="checkbox"/> medication administration |   |
| <input type="checkbox"/> Trap/Spay/Neuter/Release               |  |   |
| <input type="checkbox"/> Sorting of redeemable bottles and cans |  |   |

Availability (please check all that apply)

**Mornings**

Mon\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thurs\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_ Sun\_\_\_\_

**Evenings**

Mon\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thurs\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_ Sun\_\_\_\_

Comments:

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

Signature of parent or Guardian\_\_\_\_\_

**\*Volunteers 16 to 18 years of age must have parental or guardian approval**

**Please read the following statements; they constitute the conditions under which you would be volunteering at HSAR should you be accepted as a volunteer.**

I certify that all information provided on this application is true and complete to the best of my knowledge. Any misrepresentation, or omission of facts may result in denial of a volunteer opportunity or dismissal from the volunteer program.

I agree to abide by the mission, rules, regulations, policies, and programs of the Hull Seaside Animal Rescue while I am a volunteer.

I agree to work as a team member with all volunteers.

I give permission to the Hull Seaside Animal Rescue to investigate all pertinent information and references concerning my volunteer application. I hereby release said employers, companies, schools, or persons from all liability for any damage, both legal and otherwise for issuing information.

If selected as a volunteer, I hereby release Hull Seaside Animal Rescue, its agents, employees, directors, and officers from all losses, damages, and claims of any kind including injury or sickness.

If selected as a volunteer I agree to maintain the confidentiality of all proprietary or privileged information to which I am exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, animal, or other person or involves overall HSAR business. I also acknowledge that failure to maintain confidentiality would be cause for termination of volunteer status.

I will treat all animals, volunteers, and the general public with dignity and respect.

If I will be sheltering, providing foster care, or boarding for any of the HSAR animals in my home or business, I consent to HSAR representatives visiting my home or business from time to time to observe the animals and their living quarters.

Name of Applicant\_\_\_\_\_

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

Signature of Parent or Guardian\_\_\_\_\_



Hull Seaside Animal Rescue  
Waiver of Liability and Permission Form

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

***PERMISSION/WAIVER FORM***

I understand that my or my child's participation in any of activities or volunteer opportunities at the Hull Seaside Animal Rescue Shelter is strictly on a volunteer basis. Therefore, no insurance against bodily harm is provided for my child or me. I agree to release Hull Seaside Animal Rescue (HSAR), a non-profit organization, its directors, officers, employees or volunteers from any and all injuries or damages incurred during my participation or my child's participation in any HSAR activity.

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

***Consent for Minor***

I (Parent/Guardian) \_\_\_\_\_ give my consent for

\_\_\_\_\_ to visit or volunteer at the HSAR Shelter.  
(Minor)

Relationship to the Minor \_\_\_\_\_.

***Immunization/Tetanus Waiver***

Hull Seaside Animal Rescue (HSAR) works with many animals, including dogs, and domestic and feral cats. These animals have an unknown health history and HSAR feels it is important for all volunteers to have a Tetanus Vaccination prior to volunteering. To emphasize that importance we ask that you read and sign the following Waiver.

I understand that because I work with or visit shelter animals, it is important to discuss immunization and vaccinations with my physician. I release HSAR 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.

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