



Humane Society of Central Oregon

61170 SE 27th Street ~ Bend OR 97702 ~ 541.382.3537 ~ Fax: 541.312.8916

VOLUNTEER OPPORTUNITIES

The Humane Society of Central Oregon is a private, non-profit corporation, that has been serving the animals in our community since 1961. Our animal shelter provides a temporary home for approximately 4,000 animals a year. The Humane Society of Central Oregon could not provide the number and quality of services and programs without the assistance of our dedicated Thrift Store and Animal Shelter volunteers.

We are committed to providing each volunteer a rewarding and productive volunteer experience. If you would like to join our team of volunteers, please read over the following information and complete the volunteer application. Once you have completed the application, please drop it off at the Humane Society. We will provide an orientation and appropriate training, and only ask for a regular time commitment from you.

The Humane Society of Central Oregon volunteers have the option to work directly with the animals, or to assist in ways that will benefit the animals through our Thrift Store or Community Outreach Programs and Events. The following is a list of the volunteer opportunities available to you. If you have further questions about the volunteer job descriptions, please feel free to call **Wendy Arnold at 382-3537 for more information.**

- **Cat Kennel Assistants-** Assist the shelter staff clean cages in the mornings.
- **Cat Socialization & Assistance-** Help groom and provide stimulation for cats & keep kennels clean.
- **Adoption Counselor Assistants-** Counsel and screen potential adopters and help place the appropriate animal(s) into a loving home.
- **Dog walkers-** Experienced and capable volunteers provide exercise and companionship for the dogs.
- **General Shelter Assistance-** Help the staff where needed. Includes socializing, cleaning kennels, grooming, folding litter boxes, walking dogs and assist customers.
- **Animal Shelter Greeter-** Welcome shelter visitors and point them in the right direction, dispense literature and general information, and make sure the first face they see is a happy one.
- **Education/Outreach Programs & Events-** Provide information about responsible pet ownership at community events, schools, and other opportunities to disseminate information to the community.
- **Thrift Store-** Assist in sorting, displaying, and sales of items at our Thrift Store. Our Thrift Store provides 1/3 of our revenue.
- **Off-Site Adoptions-** Staff our PETS^{SMART} adoption center and off-site adoption events. Duties include caring for animals, transportation of animals to PETS^{SMART}, counseling prospective adopters, act as public information representatives by educating on topics of pet care, spaying and neutering, and Humane Society services.
- **Foster Home Care Program-** Provide a temporary home for cats and dogs, kittens and puppies.
- **Bulk Mailing-** Opportunities to help from home or as a group at the shelter.
- **Fundraising & Special Events-** Help plan and/or assist on day of special events and fundraising events.
- **Literature Distribution-** Assist in maintaining and distributing information.
- **Handyperson or Landscape maintenance-** Individuals needed for shelter projects and landscaping.
- **Pet Visiting Program-** Take your own approved pets into assisted care facilities and hospital
- **Work from Home-** Help with occasional clerical duties or special projects that can be done at home.
- **Sr. Pet Assistance Program-** Walk dogs, deliver food, transport pets to vet and make educational visits.
- **PETS^{SMART}-** Provide socialization and clean kennels for the cats available for adoption at PETS^{SMART}.

How to Become a Humane Society Volunteer

- Be willing to make a three month commitment of approximately 5 hours per month for animal shelter and Thrift Store positions. Your individual availability will be considered, so please discuss this with the volunteer coordinator. Most volunteer positions have flexible scheduling.
- All youth 15 years and younger must be accompanied by an adult at all times while volunteering. Minimum age to volunteer is 9 years. Individuals 16 years and older may volunteer without direct adult supervision, but in individual cases it may be required.
- Community Service hours for school or other organizations require a 10 hour minimum commitment.
- Once you have completed the Volunteer application please drop the application by the Humane Society. Wendy Arnold will give you a call for a phone interview and to set up an orientation.
- The next step is the volunteer orientation, which will provide an overview of our services, basic volunteer skills and a tour of our animal shelter and/or Thrift Store.

*Thank you for your interest in becoming a member of the
Humane Society of Central Oregon's Volunteer Team!*

General Information

Humane Society of Central Oregon

Animal Shelter and Administration

61170 SE 27th Street

Bend, OR 97702-9694

Shelter: 541.382-3537

Administration: 541.382-4328

Fax: 541.382.2021

www.hSCO.org

Humane Society Thrift Store

500 NE Greenwood Ave

Bend, OR 97701

541.388.3448

Animal Shelter Hours:

Mon-Fri: 10:00 am – 5:30 pm

Saturday: 10:00 am – 5:00 pm

Closed Sunday & Major Holidays

Thrift Store Hours:

Mon – Fri: 10:00 am – 5:00 pm

Saturday: 10:00 am – 5:00 pm

Sunday: Noon – 4:00 pm

Donation Hours: Call for hours

This page is meant for you to keep.

Humane Society of Central Oregon VOLUNTEER APPLICATION



Volunteers are an integral part of the Humane Society of Central Oregon's ability to provide quality services to the animals and people of our community. Members of our volunteer team work in almost every aspect of our animal shelter and thrift store operations. The information you provide on this application will assist in finding the most appropriate and rewarding volunteer position(s) for you. The time that you dedicate as a Humane Society volunteer will make a difference in the lives of the nearly 4,000 animals we care for each year, as well as improve the lives of all of the animals in our community. For more information call **Wendy Arnold at 382-3537**.

Today's Date: _____ - _____ - _____

First Name: _____ Last Name _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Eve. Phone: _____ Alt Phone: _____ email: _____

Age Group: ___Adult ___Teen (15-17 yr.) ___Youth (14 - 9 yrs minimum age) Date of birth: _____ - _____ - _____

Occupation: _____ Employer: _____

How did you learn about our Volunteer program? _____

Why do you want to volunteer? What do you hope to contribute? _____

Describe your experience or knowledge of animals: _____

Describe any present and previous volunteer experiences: _____

Volunteers are needed throughout our organization and in our community, please mark any and all areas you are interested in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Cat Kennel Assistants | <input type="checkbox"/> Education/Outreach Programs & Events | <input type="checkbox"/> Fundraising/Special Events |
| <input type="checkbox"/> Cat Socialization | <input type="checkbox"/> Thrift Store Sort & Display | <input type="checkbox"/> PETS MART |
| <input type="checkbox"/> Dog Walker | <input type="checkbox"/> Off-Site Adoptions | <input type="checkbox"/> Literature Distribution/Donation Collections |
| <input type="checkbox"/> General Shelter Assistance | <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Handyperson or Landscape maintenance |
| <input type="checkbox"/> Animal Shelter Greeter | <input type="checkbox"/> Foster Home Care Program | <input type="checkbox"/> Pet Visiting Program |
| <input type="checkbox"/> Adoption Counselor Assistant | <input type="checkbox"/> Bulk Mailing/Clerical Assistance | <input type="checkbox"/> Work from Home |
| <input type="checkbox"/> Sr. Pet Assistance Program | | |

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Volunteer Coordinator Use Only:

Ph Contact: _____

Train Date: _____

Notes: _____

Received: _____

Interview Date: _____

Train Date: _____

Release Form Signed: ___Yes ___No

On-line

Placement: _____

Please mark your special skills, training or list any related skill(s) you can offer:

Animal Care Artwork/Graphics Teaching Fundraising Web Page Maintenance
 Construction Prof. Grooming Public Speaking Public Relations Dog Training

List other professional services or skills you can offer the Humane Society: _____

Times that you will generally be able to volunteer: (Please place an "X" or hours where regularly available)

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours per **week** do you feel you can contribute on a regular basis? _____ hours

If you cannot make a weekly commitment, how many hours per **month** do you feel you can contribute? _____ hours

May we call you occasionally for: Mailings Day of Event Help

Critical Animal Care Supply Solicitation/Donation: Can Provide _____ or Solicit: _____

Would you like to work with children and youth at special events and kids camps? yes no

A tetanus vaccination is necessary to work with animals. I release the Humane Society of Central Oregon 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.

Last Tetanus Vaccination given: _____ month and/or year

List any physical limitations, medications, medical problems, or allergies that may affect your volunteer services: _____

Person to Contact in case of an **emergency**: _____ Day Ph: _____ Eve. Ph: _____

In the case of a disaster situation (i.e., fire), are you able to offer any assistance in the following areas:

Housing Animals: How Many Cat(s) _____ How Many Dog(s)? _____ Horse or livestock? _____

What facility(ies) do you have to contain the animal(s)? _____

Emergency Help at HSCO for Intake and Processing

Phone Work from Home

If your volunteer work is for a community service project, please tell us: *MINIMUM OF 10 HOURS TOTAL COMMITMENT*

What program this is for _____

If a school project, what is the name of the school _____ and your teacher _____

How many hours do you need? _____ hours Community Service End Date: _____ - _____ - _____

Tell us about your pets:

How Many Dog(s) _____ - their name(s) and age(s): _____

How Many Cat(s) _____ - their name(s) and age(s): _____

Other pet(s) or animal(s), please describe: _____

My pet(s) is current on vaccination(s) for: DHLPP(annual dog) Kennel Cough FVRCP (annual cat) FELV Rabies

I understand that completing an application is the first step in the process of becoming a volunteer for the Humane Society of Central Oregon. If I am accepted as a volunteer, I will commit a minimum of 5 hours per month for the first three months of volunteer service for HSCO. I understand that an orientation and/or training is required, and that I cannot volunteer in any capacity until I have been accepted as a volunteer.

Volunteer Signature

Date



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VOLUNTEER RELEASE FORM ANIMAL SHELTER

I, _____, hereby agree to accept a position as volunteer for the HUMANE SOCIETY OF CENTRAL OREGON (herein referred to as "The Society"), and in so doing, I agree to comply with all of the rules and regulations which may be established from time to time by The Society, and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of The Society, all services to be performed by me are at my own risk.

I recognize that in handling animals there exists a risk of injury including physical harm caused by the animal(s). On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless The Society, its' agents, servants and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorneys fees incurred in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for The Society, including but not limited to, animal bites, injuries, property damage or veterinary fees.

date

Volunteer Signature

PHOTO RELEASE

I, _____, understand that public relations is an important part of volunteering at The Society. On behalf of myself, my heirs, personal representatives and executors, I allow The Society to use any photographs taken of me for use in public relations efforts.

date

Volunteer Signature

PARENTAL CONSENT FOR MINORS

I, _____ (*guardian*), give my consent for my minor child, (*print name*) _____, to participate in The Society volunteer program subject to the conditions listed above.

date

Signature of Parent or Legal Guardian

Witness Signature