

Randolph County Humane Society

ADOPT  VOLUNTEER  DONATE



PO Box 785
Elkins, WV 26241
304-636-7844
www.rchswv.org

Volunteer Application

Please indicate how you are interested in helping RCHS carry out its mission.

Name: _____ Phone: _____
Address: _____ City, State, Zip _____
Email: _____ Phone: _____
Age: _____ (minimum age is 15; ages 12-14 with parent)

Hands on with the animals

Dogs ___ walking ___ cleaning kennels ___ bathing ___ fostering
Cats ___ socializing ___ cleaning living space ___ bathing ___ fostering
 ___ Off-Site Adoption Partner program (delivering supplies, etc.)

Events

___ Set up / Tear down ___ Staffing table ___ Meeting with potential adopters
___ Animal care (walking dogs, playing with cats, etc)

Committee Work

___ Fundraising
 ___ Grant writing
 ___ Seeking donations or sponsorships for raffles/gifts
___ Event Planning
___ Outreach (publicity, public relations, etc)
___ Operations
 ___ facilities maintenance
 ___ landscaping (lawn mowing, weed whacking, etc)
 ___ vehicle cleaning/maintenance
 ___ painting
 ___ construction
___ Office work (can be done at the shelter or off-site)
 ___ Making Adoption Packets
 ___ Creating flyers/booklets
 ___ Writing pet profiles for the website
___ Photographer
___ Advocacy efforts (animal welfare legislation work)

Please list days and times you're available.

Please note any additional skills you may have that will assist us in finding specialized positions for you in our volunteer program.

Please complete the Emergency Information, and read and sign the Accident Release Statement and the Confidentiality Agreement. Upon receipt of this application, a RCHS representative will contact you to set up an orientation session (required for clearance).

Emergency Information

In the event of an emergency, please call:

1. _____/_____/_____
2. _____/_____/_____

EMERGENCY RELEASE/CONFIDENTIALITY AGREEMENT:

I understand, when working with shelter animals as a Volunteer, that there is risk of injury due to animal bites or scratches or other related injuries that may occur while performing volunteer tasks at RCHS. In the event of such incidents, I do not hold RCHS responsible for said injuries.

As a Volunteer worker at RCHS, I agree not to divulge donor information, information about the animals including photos or details about RCHS animals, adoption records and related information, or personnel matters that are considered confidential in nature.

_____/_____
Volunteer signature Date

_____/_____
Parent/Guardian (if Volunteer is a minor) Date

***Thank you for your interest in volunteering with
the Randolph County Humane Society.
We look forward to working with you!***