

What days and what hours would you be able to do volunteer work? _____

Please PRINT the following information:

Name: _____
Address: _____ Town: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____ E-mail Address (optional): _____

HSWC strongly recommends all volunteers at the shelter have a current tetanus vaccination.

Please read the following carefully and acknowledge your understanding by signing and dating below.

I understand that many of the animals at the Shelter do not have current vaccinations and responsible behavior on my part will minimize possible exposure to contagious diseases. I will immediately report any accident or any injury to a person or animal to a member of the shelter staff.

I realize that the HSWC Shelter staff must occasionally make difficult choices about euthanizing animals. The shelter cannot release aggressive animals to the public, nor can it release animals that are not likely to recover from sickness or injury. Although the shelter staff try to avoid euthanizing because of lack of space to house additional incoming animals, occasionally this is necessary. To help prevent this, I will encourage spaying and neutering to fight overpopulation.

I, (please PRINT name) _____ hereby agree that I am providing volunteer services to the Humane Society of Wayne County. I understand that the Humane Society of Wayne County is not responsible for any illness or injury caused by any animals that I come into contact with during my volunteer work. I agree to hold harmless and release from liability the Humane Society of Wayne County should I become sick or injured from any animals as a result of my volunteer work.

I confirm that the information provided on this application is correct. I agree to make every effort to perform my assigned tasks.

Volunteer's Signature: _____ **Date:** _____

As a parent/guardian, I have carefully read and understand the above and agree that my son/daughter volunteers at his/her own risk. I hereby grant permission for him/her to volunteer at the HSWC Shelter and agree to accompany him/her at all times.

Parent's/Guardian's Signature: _____ **Date:** _____

In case of an emergency, please provide a contact name and phone number:

Contact Name: _____ **Phone #:** () _____
Alternate Phone #: () _____

Wayne County Humane Society Shelter

Rules of Conduct

The efficient, safe, and successful operation of this Shelter requires that all employees follow work rules and maintain proper standards of conduct at all times.

The following is a list of behaviors that shall result in disciplinary action, up to, and including dismissal. This list applies to all employees and is meant to be a guideline only. The Wayne County Humane Society reserves the right to discipline an employee for any reason, whether listed here or not, and to by-pass any step of disciplinary action.

Behaviors that shall result in disciplinary action are:

- Abuse of an animal.
- Theft of agency property or the property of an individual on agency premises.
- Obtaining employment on the basis of false or misleading statements.
- Breach of agency confidentiality policy.
- Insubordination, refusal to follow instructions, or refusal to perform work assignments.
- Reporting for work or remaining on duty under the influence of alcohol or illegal drugs.
- Fighting or physically threatening any individual on the premises.
- Willful waste or destruction of agency property.
- Consistently poor performance.
- Misrepresentation of work hours/leave time.
- Persistent and/or patterned absenteeism, tardiness, or time away from work.
- Use of foul or offensive language.
- Conduct or outside activities that could damage the agency's reputation and/or interfere with the rendering of service to the public.
- Arrest and/or conviction of a crime that would prevent performance of duties.
- Unauthorized use of agency telephones for personal long distance calls or use of the postage for personal benefit.
- Not doing job properly after being trained
- Inappropriate manner with public, either in person or on the telephone
- Misuse of fringe benefits.
- Any other breach of policy as determined by the Operations Manager and/or Executive Director.

I Have Read and Understand the Rules of Conduct

EMPLOYEE SIGNATURE: _____ DATE: _____