

Volunteer Agreement

PO Box 441, Kittanning, PA 16201 |

www.humaneanimalallies.org

Date: _____

Humane Police Officer O'Donnell, phone 724-954-9515, email HumaneOfficerAC@gmail.com

Welcome to Humane Animal Allies, we are glad to have you as a volunteer. We rely on volunteers to help achieve our mission. Please complete and sign this application.

Name:	 -	Date:	
Street:	City/State:	Zip:	
Phone: e-mail:		l:	
Date of Birth:			
Emergency contact:	Home Phone:	Work Phone:	
As a Humane Animal Allies (HAA) vol	lunteer, I agree to:		
 Donate my services without contempla Carry all necessary health, medical, or Be punctual and conscientious; tread of Become familiar and follow HAA' po Dress appropriately and maintain a we Attend trainings as needed. Allow for the use of all media and in Return any supplies or HAA animal in I understand that my volunteer status media 	ation of compensation, benefits disability insurance for cover others with respect, dignity, and dicies, rules, regulations and sell-groomed appearance for my all forms of my volunteer act my care when requested.	rage of my volunteer work. nd courtesy. afety procedures. y assignment. ctivities by HAA.	
 Failure to comply with the organizatio Unsatisfactory attitude, work or appea Any circumstances which, in the judge as a volunteer contrary to the best interest 	rance. ment of the manager or board	s or safety procedures. members, would make my continued service	
property. I, for myself, my heirs and m	by assigns, hereby release, for ty, claims, and demands of w	could result in injury to me or my personal rever discharge and hold harmless Humane hatever kind or nature, whether in law or ane Animal Allies.	

Signature of Volunteer: _____