



Critter Camp 2009
APPLICATION FOR TEEN CAMP VOLUNTEER
Please Print Clearly

Camp Sessions:

Check the week(s) you are able to volunteer:

___ June 15-June 19 ___ June 22-June 26 ___ June 29-July 3 ___ July 6-July 10
___ July 13-July 17 ___ July 20-July 24 ___ July 27-31 ___ Aug 3-Aug 7 ___ Aug 10-Aug 14

If contacted to interview for a position, interviews will take place the evening of either Wednesday May 27th or Wednesday June 3rd. Mandatory orientations will take place on either Saturday June 6th or Saturday June 13th.

Volunteer Checklist:

- I have read and understand the Critter Camp Teen Volunteer job description and requirements for the position. I understand the responsibilities associated with it.
- I understand that the primary duties of this position do not include direct animal handling or the care of adoptable animals at Woods Humane Society.
- I understand that training and accountability are important components to this position. Therefore, I will attend orientation, as required for a volunteer position, and will follow through on all job assignments and direction given by camp personnel.
- I and my parent/guardian understand that my volunteer hours are for assisting with camp operations from 8:30am-4pm.
- I understand that submission of this application does not guarantee that I will be asked to interview for a position. I further understand that a request for an interview by the Woods Humane Society does not guarantee an offer for a volunteer position.

Volunteer's Signature

Date

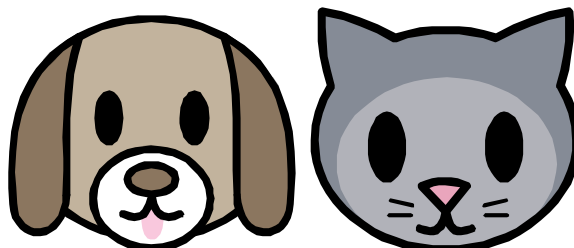
Parent/Guardian Signature (if under 18 years old)

Date

Volunteer Question:

(Please answer on a separate sheet of paper and submit with camp volunteer application. Answer must be a minimum of 100 words in length)

"Why do you want to volunteer for the Woods Humane Society Critter Camp Program"?





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TEEN CAMP VOLUNTEER RELEASE

Please Print Clearly

Name: _____

Email: _____

All correspondence, including interview appointments, will be sent via e-mail

Mailing Address: _____

City: _____ Zip: _____ Phone: (____) _____

Previous Volunteer? Yes No

Current Shelter Volunteer? Yes No

T-Shirt (Adult Sizes): S M L XL

Previous Critter Camper? Yes No

Emergency Contact Name: _____ Phone: (____) _____

Primary Doctor Name: _____ Phone: (____) _____

Primary Health Insurance: _____ Policy #: _____

Please list and medical conditions or allergies:

For Those Under 18 Years

Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Mother's Phone (Hm/WK/Cell): _____

Father's Phone (Hm/Wk/Cell): _____

I understand that I or my child (if applicant is under 18) may handle animals; therefore it is important to consider being vaccinated against tetanus by my physician. I understand that whatever decision I make is at my own risk. I release Woods Humane Society and all of it's associates from all responsibility should I not pursue this matter further. I have read, understand, and agree to the above tetanus information.

I give the Woods Humane Society permission to photograph myself or my child (if applicant is under 18) for use in publication, advertising, or educational purposes as designated by the society.

I understand and acknowledge that as a Woods Humane Society volunteer, I or my child (if applicant is under 18) will not be covered by the Woods Humane Society Workers Compensation policy or any other insurance policies for any injury or damages I or my child (if applicant is under 18) may sustain while performing volunteer duties.

In the event of an emergency, I hereby give the Woods Humane Society permission to seek medical attention for myself or my child (if applicant is under 18).

Signature of Volunteer or Parent/Guardian Signature (if under 18 years old)

Today's date