



1601 Arrowhead Drive, Flower Mound, Texas 75028
972-691-PETS (972-691-7387)

Adult Name(s) \_\_\_\_\_ Date: \_\_\_\_\_
Address \_\_\_\_\_
City, St, ZIP: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Email(s): \_\_\_\_\_
Want to be added to our Facebook Volunteer Group? contact info \_\_\_\_\_

AREAS OF INTEREST

ANIMAL CARE

- \_\_\_ Adoption Events\* (Dogs / Cats) (Sat. / Sun.)
\_\_\_ TLC\* ( Dogs / Cats) \_\_\_ Luv A Pet\* (cats)
\_\_\_ Other\* (cats)
Fostering:
\_\_\_ cats \_\_\_local dogs \_\_\_Love on Wheels dogs
\_\_\_ Local Transport\*
\_\_\_ Medical Care

FUNDRAISING

- \_\_\_ Events \_\_\_ Grants \_\_\_ Sponsor/Donor Recruiting

OUTREACH

- \_\_\_ Events \_\_\_ Spay/Neuter \_\_\_ Supply Donations
\_\_\_ Feral Cats \_\_\_ School /Youth Presentations
\_\_\_ Kid's Club \_\_\_ Legislative

BUSINESS OPERATIONS

- \_\_\_ Finance \_\_\_ Marketing \_\_\_ PR \_\_\_ IT

Administrative:

- \_\_\_ Returning calls/emails \_\_\_ coordination \_\_\_ filing

How did you hear about us?

Are you volunteering to fulfill requirements for an organization?

- \_\_\_ No \_\_\_ Yes – which one?

VOLUNTEER POLICY

The purpose of the volunteer policy is to provide overall guidance and direction to the volunteers engaged in volunteer efforts and to support the officers and board members responsible for volunteer oversight. The policy does not constitute a personnel or contractual agreement. Humane Tomorrow (HT) reserves the right to change any aspect of the policy at any time and to expect adherence to the changed policy.

Volunteers shall:

- be extended the right to be given meaningful assignments, the right to effective supervision, the right to full involvement and participation, and the right to recognition for work done
- agree to actively perform their duties to the best of their abilities and to remain loyal to the values, goals, and procedures of the organization.
- maintain the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer.
- be encouraged to discuss the activities they are participating in and the mission of HT.
- not represent themselves as personnel or designated representative of HT, nor should they make public statements as to policies, procedures, or statements of belief of HT.
- contact a board member, officer, or coordinator in regard to any issue or opportunity that could impact HT or the public's perception of HT.
- get approval from an officer before using Humane Tomorrow in name or reference, its logo, or mission, including press releases, advertising, or other publicity
- maintain a professional decorum in all situations to preserve and enhance the image of HT.
- not take animals into the HT program without the approval of an Intake Coordinator or officer.
- notify HT if they do not understand or feel comfortable with the training received.

No person who has a conflict of interest with any activity or program of the organization, whether personal, philosophical, or financial shall be accepted or serve as a volunteer.

\*Age requirements apply

INDEMNITY RELEASE

I, \_\_\_\_\_ shall not hold Humane Tomorrow f/k/a Humane Society of Flower Mound f/k/a Flower Mound Humane Society or any third parties that Humane Tomorrow may associate with liable, or responsible for, and Humane Tomorrow shall be saved and held harmless from and against any and all claims and damages of every kind, for injury to any person or persons, and for damage to or loss of property arising out of or attributed to, directly or indirectly, the operations or performance of the above named volunteer under this agreement, including claims and damages arising in whole or in part from the negligence of Humane Tomorrow. I shall allow Humane Tomorrow unrestricted use of photos or video taken of me or my child(ren) in the course of volunteering.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

If children are volunteering with you:

My child(ren) listed here has/have permission to volunteer, and I will not bring other children to volunteer without updating this information. I understand that I or other legal guardian must be present and will be responsible for the actions of my child during that time the child is volunteering. I understand I am responsible for the operations or performance of my child(ren).

Child Name \_\_\_\_\_ DOB: \_\_\_\_\_ Signature \_\_\_\_\_

Child Name \_\_\_\_\_ DOB: \_\_\_\_\_ Signature \_\_\_\_\_

Child Name \_\_\_\_\_ DOB: \_\_\_\_\_ Signature \_\_\_\_\_