



## Volunteer Commitment Form

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthday (month/day/year) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Please check one:**  Adult  Youth Age (14yrs – 17yrs) \_\_\_\_\_

**School or Church Community Service Hours** (please check one of the following IF applicable):

Student  Confirmation  Other Number of hours needed: \_\_\_\_\_ Hours needed by: \_\_\_\_\_

**Please note:** Due to issues within the shelter, WCHS has reevaluated our policy in regards to youth volunteers. We no longer accept any students under the age of 14 years old to volunteer at WCHS due to liability.

**Please check the opportunities that interest you and/or match your skills:**

Adult choices (18 years and up)	Youth choices (14 years – 17 years)
<input type="checkbox"/> Cleaner (am) <input type="checkbox"/> Cat Socializer (am)	<input type="checkbox"/> After School Program (3pm–5pm) (Ages 14-17 yrs only)
<input type="checkbox"/> Photographer (need camera) <input type="checkbox"/> Dog Walker (am)	<input type="checkbox"/> Baker
<input type="checkbox"/> Events <input type="checkbox"/> Baker	<input type="checkbox"/> Romp Camp Counselor (16 years & up)
<input type="checkbox"/> Foster Care – Cats/Kittens <input type="checkbox"/> Foster Care – Dogs/Puppies	<input type="checkbox"/> Wear cat costume at community events
<input type="checkbox"/> Pet A Pet Therapy Program <input type="checkbox"/> Adoption Counselor (pm)	<input type="checkbox"/> Small Animals Socialization (14-17 with parent/guardian)
<input type="checkbox"/> Small Animals Socialization <input type="checkbox"/> Gardening Gurus	<input type="checkbox"/> Gardening Gurus (16 years & up)
<input type="checkbox"/> Reading with Rover (need certified therapy dog)	

**Do you have limitations (i.e. allergies, heavy lifting, etc.)?**  Yes  No

If yes, please explain \_\_\_\_\_

**Days I can volunteer:**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Thank you for your interest in volunteering at WCHS!** Volunteers will be placed according to the need of the animals and to match your skills.

**Please fill out the front AND back and mail completed form to:**

WCHS, 3650 State Road 60, Slinger WI 53086

**Any questions? Please contact the Volunteer Coordinator:**

Phone: 262-677-0731 | Fax: 262-677-0388 | E-mail: [volunteer@wchspets.org](mailto:volunteer@wchspets.org)

# Adult Volunteer Waiver

I am agreeing to act as a volunteer for WCHS. I acknowledge and agree that activities performed strictly on a voluntary basis, without pay, compensation or benefits. I agree to comply with the rules and regulations established by WCHS and failure to do so may result in my immediate removal as a volunteer. I am aware of the nature of the activities to be performed as a volunteer and I recognize and understand there are certain risks inherent in handling animals and I accept those risks. I agree that all volunteer activities are performed at my own risk. I understand if an accident/injury occurs, no matter how minor, I will complete a Volunteer Injury Report form and seek any necessary medical attention using my own medical insurance. On behalf of myself and my respective heirs and personal representative, I agree to indemnify and hold harmless WCHS, its officers, directors, employees, agents and volunteers from and against any loss, damage, claims, liability, costs and expenses of any nature whatsoever, including but not limited to, attorney's fees and disbursements arising from or occasioned by my activities as a volunteer for WCHS. I agree that WCHS may use my image for WCHS displays, educational programs and/or other public relations, and I hereby release any such images/photographs for use in its programs, publications and purposes.

I have read the above waiver and state that I understand it and that I am voluntarily signing it without any inducement or representation from any member of the WCHS staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Coordinator

\_\_\_\_\_  
Date

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# Minor Volunteer Waiver

I am the parent/guardian of \_\_\_\_\_, a minor volunteer, under eighteen (18) years of age, hereby consent and authorize \_\_\_\_\_ to act as a volunteer for WCHS. I acknowledge and agree that activities performed by my child as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree to comply with the rules and regulations established by WCHS and failure to do so may result in the immediate removal of my child as a volunteer. I am aware of the nature of the activities to be performed by my child as a volunteer and I recognize and understand there are risks inherent in handling animals and I accept those risks. I agree that all volunteer activities performed by my child will be at the child's risk and I assume full responsibility. Therefore, I understand that if an accident/injury occurs, no matter how minor, my child will complete a Volunteer Injury Report form and seek any necessary medical attention, using my own medical insurance. On behalf of myself, the child, and our respective heirs and personal representative, I agree to indemnify and hold harmless WCHS, its officers, directors, employees, agents, and volunteers from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including but not limited to attorney's fees and disbursements, arising from or occasioned by my child's activities as a volunteer for WCHS. I agree that WCHS may use my child's image for WCHS displays, educational programs and/or public relations, and I hereby release any such images/photographs for use in its programs, publications and purposes.

I have read the above waiver and state that I understand it and I am voluntarily signing it without any inducement or representation from any member of the WCHS staff.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Coordinator

\_\_\_\_\_  
Date

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**For WCHS Office Only** Appointment \_\_\_\_\_ Training Date \_\_\_\_\_

Called \_\_\_\_\_ Emailed \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Program \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_