

Zeb's Wish - Volunteer Application Form

Please complete this application form if you are interested in becoming a weekly Zeb's Wish volunteer. Once completed, you can e-mail it to Zeb's at zebswish@gmail.com.

We will send you an email confirmation when we receive your application and will contact you about signing you up for the next open volunteer orientation. It may take anywhere from 10 - 14 days before you hear back from us so thank you for your patience.

If you choose to sign up for an orientation, you will then receive another email from Sterling Volunteers which will ask you to go to a secure website to complete a background check. Anyone wanting to become an ongoing volunteer at ZEB'S must complete a background check before they can attend an orientation.

Thank you for wanting to help the animals at Zeb's!

| Name and Address | |
|--|--|
| First Name: | |
| Last Name: | |
| Middle Initial: | |
| Preferred Pronoun(s): | |
| Nickname: | |
| Street Address: | |
| City: | |
| State: | |
| Zip: | |
| E-mail Address: | |
| Phone Number(s): (at least one phone number is | |
| required) | |
| Home Phone: | |
| Work Phone: (OK to call me here) | |
| Cell Phone: | |

| Demographic Information | |
|---|--|
| Please provide the following information. It is used only to help us get a better idea of the | |
| demographic make-up of our volunteers. | |
| Date of Birth: | |
| Age:* - Individuals under the age of 16 will need | |
| to be accompanied by an adult. | |

| Skills | | | |
|----------------------|----------------------------------|-------------------------|--|
| Animal Massage | Bilingual | Calligraphy | |
| Carpentry | Cashiering / Cash Handling | Certified Horse Trainer | |
| Certified Vet Tech | Coding / Billing | Data Entry | |
| Event Planning | Excel Advanced | Excel Basic | |
| Excel Intermediate | Filming / Video | Gardening | |
| General Accounting | Grant Writing | Graphic Design | |
| Grooming | Maintenance | Marketing | |
| Medical (Nurse / | Office Assistance (Filing, etc.) | OLCC Certified | |
| Doctor) | | | |
| Photography | Reception / Customer Service | Web Design | |
| Sewing | Sign Language Interpreter | Social Media | |
| Veterinarian | Writing (Articles) | | |
| Working with Youth / | | | |
| Education | | | |

| Availability | |
|---|--------|
| How often do you want to volunteer (i.e., weekly, only for special events such as work parties or | |
| fundraisers, etc.?) | |
| During which hours are you available to volunteer? | |
| Day of the Week: | Hours: |
| Sunday: | |
| Monday: | |
| Tuesday: | |
| Wednesday: | |
| Thursday: | |
| Friday: | |
| Saturday: | |

| Is this volunteer time being logged as a school or court-ordered community service? | |
|---|--|
| This section is for folks who are performing court-ordered community service OR are gaining | |
| volunteer service hours for school. | |
| Court-Ordered: | |
| School Service: | |
| How many hours would you like to serve with | |
| Zeb's? | |

| Emergency Contact | |
|--|--|
| Please provide an emergency contact. We will only use the provided contact information if an | |
| emergency arises. We need to have at least one contact phone number. | |
| First Name: | |
| Last Name: | |
| Home Phone: | |
| Work Phone: | |
| Cell Phone: | |
| Relationship: | |
| Special Needs Information-Do you have any need for Special accommodations needed: If yes, please explain: | or accommodation either physical or mental? |
| Vocational Counselor or Case Manager Info If volunteering with a Vocational Counselor or Case information: | Manager, please provide the following |
| Vocational Counselor: | |
| Case Manager: | |
| Name: | |
| Telephone Number: | |
| Company or Organization: | |
| Animal Experience Please tell us your experience with animals, equines | in particular: |
| Have you ever been convicted of a felony? | |
| (a positive response will not necessarily bar you from | m volunteering but failure to disclose will) |
| Convicted of Felony: If yes, please explain: | |

Background Check and Criminal Record

| Zeb's Wish reserves the right to conduct a background check on any volunteer and will do so before you |
|--|
| attend a volunteer orientation. You must agree to this in order to become a volunteer. |
| |

| I agree to background check: | *(please sign and date) | |
|------------------------------|-------------------------|--|
| | | |

ZEB'S Volunteer Waiver and Agreement

WAIVER AND RELEASE AGREEMENT:

This agreement is entered into with The Zeb's Wish ("ZEB'S") jointly by the undersigned, "Volunteer" in order to permit the Volunteer to participate in the Volunteer program at ZEB'S. This agreement is for the benefit of ZEB'S and each of its staff members, employees, officers, directors, agents, and representatives (known individually as a "Released Party" and collectively as "Released Parties").

I affirm that I have been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. As such, ZEB'S cannot be held liable for injuries or accidents that may occur as a result of working with these animals.

I am aware that injuries, loss of or damage to personal property, or death may occur as a result of my participation on ZEB'S property or with off-site volunteer activities such as Hay days, Outreach, Foster Care, Special Events, etc.

I agree ZEB'S and the Released Parties shall not be held responsible or liable for any personal injury, other injury, death, damage, loss, or expense, either to myself or my personal property, whether or not such injury, death, damage, loss, or expense is caused by the negligence of ZEB'S, any Released Party or any other person. It is my intention to exempt and hold harmless ZEB'S and all Released Parties from any and all liability related in any way to my participation as a Volunteer.

Should an accident or other medical emergency occur while I am participating in the Volunteer program at the ZEB'S facilities, while en route to or from an ZEB'S sponsored event, or at an off-site event, and ZEB'S staff members are unable to reach my Emergency Contact in a timely manner, for medical authorizations, then Volunteer hereby gives consent for ZEB'S staff members to authorize necessary medical transport, hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery and medication.

Furthermore, I agree to assume full responsibility for any and all billings and debts incurred as a result of medical treatment or services performed to treat injuries or illnesses resulting from my participation as a ZEB'S Volunteer.

I understand and agree that if any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

I represent and warrant that I have the authority to enter into this agreement.

VOLUNTEER AGREEMENT:

I understand that if my volunteer application is accepted, I will be serving ZEB'S in a volunteer capacity and I have no expectation of payment, compensation or reimbursement for my service.

I will treat all animals, people and property that I come in contact with at the Zeb's Wish with respect.

I agree to commit to volunteering a minimum of twelve (12) hours per month for the first three (3) months, and then will strive to volunteer 8 hours per month thereafter.

I will be on time for any scheduled shift I have agreed to fill.

I will track my hours of attendance in the volunteer log sheet. I understand that accurate tracking of my volunteer hours directly aids in ZEB'S ability to obtain grant funding.

I will arrive for volunteer shifts appropriately dressed in closed-toe shoes, and clothing appropriate for my assignment. If I am wearing open-toed shoes, I understand that I may be asked to leave due to safety risks.

I understand that safe volunteering at ZEB'S requires use of all senses and that many situations and circumstances will arise that require my full and undivided attention. I understand that multitasking while volunteering may expose the animals, myself or others to unforeseen dangers and therefore reduces everyone's safety. I agree to refrain from distracting activities such as talking on cell phones, texting, using earphones or earbuds, etc. while working directly with animals or the general public.

In addition, I will not arrive to perform volunteer activities under the influence of alcohol, illegal substances, or any drug(s) (prescription or otherwise) that may affect my ability to give my full, unimpaired attention to my volunteer activities.

I understand the possession of a firearm or weapon while on ZEB'S property or while on ZEB'S business is prohibited.

I understand that ZEB'S is a Discrimination Free Workplace and I will not discriminate, harass or retaliate against any member of the ZEB'S staff for ANY reason. If I experience or observe perceived or real discrimination, harassment or retaliation, I will report it immediately to Zebs Staff.

I understand that the following activities are prohibited on ZEB'S' social media sites:

- -Posting social media content that purports to represent the position, viewpoint, statements, opinions or conclusions of ZEB'S, its donors, business partners, service providers or vendors. Volunteers should indicate that their posts represent their own personal views and not necessarily the opinions of ZEB'S, its donors, business partners, service providers or vendors.
- -Using social media to threaten physical violence against ZEB'S clients, donors, employees, other volunteers, business partners, service providers and vendors or to harass such individuals based on their color, race, national origin, religious beliefs or practices, gender, actual or perceived sexual orientation, age, disability or perceived disability, gender identity/expression, age, marital/partnership status, parental status, political leanings or military service.

-Posting ZEB'S' proprietary or other confidential business information, including but not limited to private information about ZEB'S' donors, volunteers, employees, clients, investigation cases, service providers and suppliers, ZEB'S' financial information, non-public operational procedures and techniques that have a commercial value and strategic business plans.

-Using social media to engage in libelous, defamatory, obscene, violent, maliciously false or otherwise egregious behavior directed at or implicating ZEB'S, its clients, donors, volunteers, employees, business partners, service providers and vendors; activity that evidences a reckless/gross disregard for ZEB'S' business interests or serious disparagement of ZEB'S' products and services.

I give Zeb's Wish ("ZEB'S") the right and permission to use my name, likeness and voice, together with my endorsement or testimonial (whether written or oral), in all types of advertising and promotion. This right and permission includes photographs, video recordings, audio recordings and all other media in which my name, likeness or voice may be reproduced.

I understand and agree that all records, forms, applications, mail lists, passwords, security codes, correspondence, messages or any other entities belonging to Zeb's Wish and/or bearing their logo and/or name, are the sole property of ZEB'S and may not be disseminated, used/published/sold without the written consent of the Executive Director of ZEB'S.

I understand that as a volunteer, I may gain access to information about ZEB'S, its clients, donors, law enforcement rescue information, animals, and/or staff members which is confidential in nature. I agree to maintain confidentiality will never disclose any information that is either private and/or personal.

I understand that volunteering at ZEB'S is a privilege and that my active volunteer status at ZEB'S may be discontinued at any time, for any reason.

I hereby acknowledge that I have read, understand and agree to all of the guidelines and agreements discussed above.

| I Agree (please sign full name and date) | |
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