



Forget Me Not Farm
Children's Services

Humane Education Department Application

Shelter 5345 Highway 12 West, Santa Rosa, CA 95407

Mailing address PO Box 1296, Santa Rosa, CA 95402

tel 707-577-1902 fax 707-595-6518

Mentee Application

Date _____

Please write date of session you are applying for _____

Mentee's Name _____ Sex: M or F

Birth date ____ / ____ / ____ Age _____ Social Security # _____

Primary Language _____ Ethnicity _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Agency _____ Case Manager _____

House Name _____ House Phone # _____

House Address _____

City _____ State _____ Zip _____

School _____ Grade _____

List two emergency contacts other than parent/guardians:

Name/Relationship _____ Phone numbers 1. _____ 2. _____

Name/Relationship _____ Phone numbers 1. _____ 2. _____

Name and relationship of who will pick up your child from the Humane Society

Name/Relationship _____ Phone numbers 1. _____ 2. _____

Name/Relationship _____ Phone numbers 1. _____ 2. _____

Current Medications _____

Doctor Name & phone # _____

Insurance Carrier & member # _____

Name all allergies (be sure to include food, medicine, insect bites, bee stings, etc.)

Physical Disabilities: _____

Learning Disabilities/Challenges: _____

Behavioral special needs: _____

Please list any psychiatric counseling , hospitalization, and/or special needs

Is there anything specific we should know about your child to ensure the safest and most enjoyable environment?

How did you learn about the Humane Society?

Why would you like to volunteer for the Humane Society?

Do you have any previous volunteer or work experience working with animals?

Do you have any experience or special skills that would help you in your work with us?

Do you currently own pets? _____ Spayed or Neutered _____
Types/Description:

What are your expectations of the Humane Society and the volunteer program?

Please list any animal organizations to which you belong.

Please rate your personal opinion of the following areas on a scale of 1 to 5:

1-strongly in favor 2-in favor 3-neutral (no opinion) 4-opposed 5-strongly opposed

- | | | |
|---|---|---|
| <input type="checkbox"/> Spaying/Neutering | <input type="checkbox"/> Guard Dog Training | <input type="checkbox"/> Animal Entertainment Shows |
| <input type="checkbox"/> Declawing Cats | <input type="checkbox"/> Exotic Pets | <input type="checkbox"/> Abandonment of Unwanted Animals |
| <input type="checkbox"/> Service Dogs | <input type="checkbox"/> Humane Euthanasia | <input type="checkbox"/> Cosmetic Altering of Pets (Cropped ears) |
| <input type="checkbox"/> Leaving your pets in the car when you run errands | | |
| <input type="checkbox"/> Allowing your dog to ride in the back of the truck | | |
| <input type="checkbox"/> Chaining your dog | | |

Please check any terms you do not understand

- | | | |
|--|---|---|
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Parental Consent

(Only to be completed if the Participant/Volunteer is under the age of eighteen (18))

Due to the nature of our business, with constant exposure to animals and their allergens, our education programs are not recommended for children/teens with known allergies. Participants are expected to be self supporting to participate in all physical and academic activities planned and/or required by the department position duties. Because of staffing restrictions we may not be able to accommodate special individual needs. This is a recreational summer camp program. The Humane Society is not a licensed child care provider.

I represent that I am the parent or legal guardian of a minor, and by my signature below consent to and allow my son/daughter/ward to participate in activities with domestic, farm and wild animals during the summer camps, birthday parties, Mentoring and/or Jr. Animal Attendant programs of the Sonoma Humane Society and Forget Me Not Farm Children's Service (the "Society") under the terms and conditions as set forth in Section 1, above, for volunteers and camp participants. In addition, I give the Society permission to use and publish photographs of my son/daughter/ward, as part of its public relations efforts. I grant the right to photograph, reproduce and use said child's artwork, written work, picture, silhouette and other reproductions of physical likeness in connection with the Sonoma Humane Society and Forget Me Not Farm Children's Services promotions.

On behalf of myself and our heirs and personal representatives, I hereby release, discharge, indemnify and hold harmless the Society and its assigns, successors, agents, staff, officers, board of directors, employees, contractors, and representatives, from any and all claims, causes of action, or demands of any nature or cause whatsoever, including costs and attorney fees, arising out of or relating to the summer camp activities with the Society including driving to and from field trips off the property of the Sonoma Humane Society, including, but not limited to, animal bites, accidents, or injuries; as well as all injuries, claims or other loss that may incur because of the failure to receive a proper tetanus vaccination.

I agree that all services I will provide are charitable in nature and entirely voluntary and that no compensation of any kind will be received for the performance thereof. Further I have been fully advised that as a non-employee I am not covered by workers compensation and that my personal medical insurance takes precedent over any volunteer medical insurance policy from the Humane Society and Forget Me Not Farm Children's Services.

I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND THE CONTENTS THEREOF. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE SONOMA HUMANE SOCIETY AND FORGET ME NOT FARM CHILDREN'S SERVICES AND I SIGN IT OF MY OWN FREE WILL.

Name of Participant	Age of Participant	Date
Printed Name of Parent/Guardian		Date
Signature of Parent or Legal Guardian		Date



VOLUNTEER RELEASE FORM

I hereby agree that if I am accepted as a volunteer worker for the Sonoma Humane Society (the "Society"), I agree to comply with all of the rules and regulations which may be established from time to time by the Society. I understand that failure to comply with the rules and regulations of the Society may result in my immediate termination as a volunteer.

I understand and agree that if accepted as a volunteer, all services performed by me will be performed on a strictly volunteer basis, and that I will receive no remuneration, pay or compensation of any kind; that I will not be an employee of the Society nor otherwise derive any benefits normally available to employees of the Society, and that the Society shall incur no liability of any nature as a result of my volunteering for the Society.

I acknowledge that in handling animals and performing other volunteer tasks, there exists a risk of injury, including physical harm or death, and that all services performed by me will be done at my own risk. Moreover, I understand that there are inherent risks associated with my volunteer activities, including the risk of personal injury resulting from animal bites and other animal behavior.

Therefore, on behalf of myself, my heirs and personal representatives, I hereby release, discharge, indemnify and hold harmless the Society and its assigns, successors, agents, staff, officers, board of directors, employees, contractors and representatives from any and all claims, causes of action or demands of any nature of cause whatsoever, including costs and attorney fees, arising out of or relating to my volunteering with the Society, including, but not limited to, animal bites, accidents or injuries.

Furthermore, I understand that it is important to have a tetanus vaccination before joining the Volunteer Program team, and thus, I understand that it is important to discuss being vaccinated against tetanus with my physician. I, therefore, release the Society from all injuries, claims or other loss that I may incur because of my not pursuing this matter further and receiving a proper tetanus vaccination.

I understand that public relations are an important part of volunteering with the Society. On behalf of heirs, my personal representatives and myself, if accepted as a volunteer, I give the Society permission to use and publish photographs taken of me as a volunteer for use in its public relations effort.

I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND THE CONTENTS THEREOF. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE SONOMA HUMANE SOCIETY AND I SIGN IT OF MY OWN FREE WILL.

Print name _____

Sign name _____ Date _____



Essay component of Animal Welfare Apprentice Application

Please take a moment and share with us why you wish to participate in our Animal Welfare Apprentice Program.

On a separate piece of paper, please answer the following essay questions. Please type your responses and include with your completed application. Thank you.

1. Why do you want to be an Animal Welfare Apprentice?

2. What are your expectations of volunteering in this program?

3. What skills do you hope to obtain through your apprenticeship?

4. How do you think you can positively affect the lives of homeless and abused animals?

5. Please tell us about your other interests, extracurricular activities, volunteer services, etc.