

5345 Highway 12 West, Santa Rosa, CA 95407 *tel* 707-577-1902 *fax* 707-542-1317 email: beth@forgetmenotfarm.org



Mentee Application

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Please write date of session you are a	applying for			
Mentee's Name Sex: M or F				
Birth date //Ag	ge Social Security #	:		
Primary Language	Ethnicity			
Parent/Guardian Name				
	Work Phone Cell			
Agency	Case Manager			
House Name	House Phone #			
House Address				
	State 2			
School	Grade	ш		
List two emergency contacts				
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		
Doctor Name & phone # Insurance Carrier & member #	e food, medicine, insect bites, bee stings,			
Physical Disabilities:				
Learning Disabilities/Challenges:				
Behavioral special needs:				
Y	g, hospitalization, and/or special needs			
	know about your child to ensure the safes	•		

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
Spaying/Neutering Guard Dog Training Animal Entertainment Shows Declawing Cats Exotic Pets Abandonment of Unwanted Animals Service Dogs Humane Euthanasia Cosmetic Altering of Pets (Cropped ears) Leaving your pets in the car when you run errands Allowing your dog to ride in the back of the truck Chaining your dog
Please check any terms you do not understand
Spaying/NeuteringGuard Dog TrainingAnimal Entertainment ShowsAbandonment of Unwanted AnimalsCosmetic Altering of Pets (Cropped ears)



VOLUNTEER RELEASE FORM

I hereby state that if I am accepted into the Volunteer Program for the Sonoma Humane Society (the "Society"), I agree to comply with all of the rules and regulations which are or may be established from time to time by the Society. I understand that my acceptance to the volunteer program is not guaranteed, and 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 that I must be able to perform the duties as outlined in the job description(s) of the volunteer position(s) for which I have applied, in order to be considered for the Volunteer Program.

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	Ť.		
Sign name		Date	





Essay component of the Vocational Training Mentoring Animal Welfare Apprentice Application

Please take a moment and share with us why you wish to participate in our Vocational Training Mentoring 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.

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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.