

Volunteer Application

at the Sonoma Humane Society
5345 Highway 12 West
PO Box 1296, Santa Rosa, CA 95402
Phone: 707-577-1902 Fax 707-595-6518

DATE



Forget Me Not Farm
Children's Services

CIRCLE ONE: FARM MENTORING HUMANE EDUCATION/CAMPS READING DOG

Last	First	Middle

Street	City	Zip

Home Phone	Work Phone	Cell Phone

Home Email	Work Email	

Ethnicity	Primary Language	

Date of Birth	May we contact you at work by phone?	____ Yes ____ No
	May we contact you at work by E-Mail?	____ Yes ____ No

Days available to volunteer: M T W TH F	Times Available _____
How many hours can you commit?	Can you volunteer for at least 12 months?
____ Week ____ Month	____ Yes ____ No

EDUCATION		

High School Name and Location		

Undergraduate College/University and Location		
Years Completed	MAJOR COURSE OF STUDY:	TYPE OF DEGREE
1 2 3 4	_____	_____

Undergraduate College/University and Location		
Years Completed	MAJOR COURSE OF STUDY:	TYPE OF DEGREE
1 2 3 4	_____	_____

FOREIGN LANGUAGES

LANGUAGE

SPEAK
Fluent Fair

READ
Fluent Fair

WRITE
Fluent Fair

SPECIAL SKILLS, TRAINING, APPRENTICESHIPS

REFERENCES

Please provide three professional references who are not related to you and who know your qualifications.

NAME

OCCUPATION

YEARS KNOWN

ADDRESS, CITY, STATE, ZIP

PHONE #

1. _____
2. _____
3. _____

What is your current occupation and who is your current employer? If currently not employed, what is your usual occupation by trade or study?

Do you have any previous volunteer or work experience with animals? Please describe, if any.

Do you have any previous volunteer or work experience with children? Please describe, if any.

Do you have any skills that you would be willing to share with the Humane Society?

Would you be willing to be fingerprinted?

IN CASE OF EMERGENCY, NOTIFY:

Name

Relationship

Phone #

Name

Relationship

Phone #

FORGET ME NOT FARM CHILDREN'S SERVICES

CONFIDENTIALITY POLICY AND AGREEMENT

It is the policy of Forget Me Not Farm Children's Services that all client identity, information and records be maintained in the strictest confidence.

To assure privacy and confidentiality, Forget Me Not Farm Children's Services (FMNFCS) has instituted a system to protect client records, both paper and electronic, deemed confidential by law.

- All staff, volunteers, contractors and contracting agencies are required to secure client records and maintain the confidentiality of the information in the records as required by federal and state law. This should include handling and transmission of data and information that contains client identifiers.
- Client records will be maintained in secure locked files to prevent disclosure of confidential information to unauthorized personnel.
- Any additional needed precautions will be taken to limit access to client records.
- The confidentiality policy will be reviewed at all volunteer and staff meetings.
- The confidentiality policy will be reviewed individually with all staff, volunteers and contractors.
- In addition, all staff, volunteers and contractors will be required to sign and retain a copy of the policy after review.
- The confidentiality policy will also be explained to our clients and a copy will be provided to them.

I have read the above Confidentiality Policy of Forget Me Not Farm Children's Services. In addition, it has been reviewed with me individually and I will retain a copy for myself after signing.

Signature

Date

By signature, I give Forget Me Not Farm Children's Services permission to verify any and all statements made in this application. I understand that this application does not ensure acceptance as a FMNFCS volunteer, nor should it be construed as a contract of any kind.

Signature of Applicant

Date

FMNFCS NOTES

Date of Fingerprinting _____

Confirm Identification – CDL _____ Other ID _____

Date of Fingerprint Clearance: California _____ FBI _____

CHILD ABUSE AND NEGLECT REPORTING LAW

(P.C. 11166) Reporter Responsibility and Sample Employee Form

Definitions: The following situations are reportable conditions:
Physical abuse
Sexual abuse
Child exploitation, child pornography and child prostitution
Neglect --
Extreme corporal punishment resulting in injury
Willful cruelty or unjustifiable punishment

Who Reports: The following individuals are legally mandated reporters:
Child care custodians
Health practitioners
Commercial film or photographic print processors in specified instances
Child Protective Agencies
Clergy members
Fire Fighters, Animal Control Officers, Humane Society Officers

When to Report: A telephone report must be made immediately when the reporter observes a child in his/her professional capacity or within the scope of his/her employment and has knowledge of, or has reasonable suspicion that the child has been abused. A written report, on a standard form, must be sent within 36 hours after the telephone report has been made.

To Whom Do You Report: You have a choice of reporting to the Police or Sheriff's Department or the Probation Department or Child Welfare Agency. Each County has preferred reporting procedure. Commercial film or photographic processors report only to law enforcement.

Individual Responsibility: Any individual who is named in the reporting law must report abuse. If the individual confers with a superior and a decision is made that the superior file the report, one report is sufficient. However if the superior disagrees, the individual with the original suspicion must report.

Anonymous Reporting: Mandated reporters are required to give their names. Non-mandated reporters may report anonymously. Child protective agencies are required to keep the mandated reporter's name confidential, unless a court orders the information disclosed.

Immunity: Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, reimbursement for fees incurred in the suit will occur up to \$50,000 (P.C. Section 11172). No individual can be dismissed, disciplined or harassed for making a report of suspected child abuse.

Liability: Legally mandated reporters can be criminally liable for failing to report suspected abuse. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than \$1,000 or both. Mandated reporters can also be civilly liable for failure to report.

Notification Regarding Abuse: You are not legally required to notify the parents that you are making a report; however, it is often beneficial to let the parents know you are reporting for benefit of a future relationship.

I understand that I am a legally mandated reporter. I have clarified any information listed above which I did not understand, and am now aware of my reporting responsibilities, and am willing to comply. I have also requested an explanation of reporting policies within this agency and understand them as well.

Employee/Volunteer Signature

Witness (Supervisor)

Date



Standard Photo & Video Release



I hereby irrevocably grant the Sonoma Humane Society, SHS, and the Forget Me Not Farm Children's Services, FMNFCS, and their legal representatives, and assigns, the following rights:

The right and permission to publish photographic pictures, videos images or portraits made of me through any media and to post it on the internet or through You Tube, SHS & FMNFCS Facebook, etc.

I hereby release, discharge and agree to hold harmless the Sonoma Humane Society and photographer, videographer, their representatives, assigns or any corporation(s) acting under the permission of the Sonoma Humane Society including any firms publishing or distributing the final product.

I hereby waive the right to approve the finished photograph, video or any copy which might be used in conjunction with the photograph or video.

I understand that I do not own the copyright of the photograph(s) or video(s).

I hereby warrant that I am at least eighteen years of age and am competent to contract on my own name insofar as the above is concerned.

Date: _____

Printed Name: _____

Signature: _____

Address: _____

Phone: _____ Witness

Signature: _____

Signature of parent of guardian if under 18 years of age

Sonoma Humane Society & Forget Me Not Farm Children's Services
PO Box 1296, Santa Rosa, CA 95402 · tel: 707-577-1902 · fax: 707-595-6518 · website:
www.sonomahumane.org



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 _____