Valley Humane Society
Canine Comfort Volunteer Application

Please **PRINT CLEARLY** and complete all information below. Applications will be processed in the order received. Upon acceptance, applicants will receive a confirmation email. Payment of $15 must be received within 7 days of confirmation to finalize registration and reserve your spot, which will be applied to the $75 volunteer fee.

Application Date: _____ Dog Name _____ Age: _____

APPLICANT CONTACT INFORMATION

Handler First Name: _____ Last Name: _____

Birthdate: _____/_____/_____ Gender: M F

Email Address: _____@_____

PLEASE NOTE: Email is Valley Humane Society's primary form of communication with volunteers. All volunteers are required to accept email communication from VHS. Please do not "opt out" or "unsubscribe."

Home Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____

Are you vaccinated against COVID-19? YES NO Please include a copy of your vaccination card

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____@_____

PROGRAM PREFERENCES

I am interested in volunteering with: Paws to Read Paws to Heal

I am interested in the following facility: _____

T-shirt Size (circle one): S M L XL 2XL 3XL

LIABILITY WAIVER

I agree to release, discharge, indemnify and hold Valley Humane Society (VHS) harmless for any and all damage to myself or my personal property while performing my volunteer services to VHS in a voluntary capacity.

I recognize that in handling animals at VHS there exists a risk of injury including personal and/or physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless VHS, its agents, servants and employees from any and all claims, causes of actions or demands, of any nature or cause in connection with my volunteer service. This may include, but is not limited to, attorney's fees and court costs incurred by VHS in connection with my volunteer service based on damages or injuries which may be incurred or sustained by me in any way. Such damages or injuries might include, but are not limited to, animal bites, accidents, infections, diseases, injuries and personal property damage.

I understand that public relations are an important part of volunteering at VHS. I therefore agree on behalf of myself, my heirs, personal representatives, and executors to allow VHS to use any photographs taken of me or my dog for use in public relations efforts. VHS will use reasonable efforts to notify me, but such notification is not a condition of the photographer's release for public relations purposes.

I understand that if and when I should no longer be a Canine Comfort Pet Therapy volunteer, I will retire my dogs vest and it will not be worn again, as I will no longer be covered by Valley Humane Society's insurance and any actions I take will not be supported by VHS.

By signing my name here, I agree to the terms of Valley Humane Society's liability waiver:

Signature: _____ Date: _____

Disclosure, Release and Waiver of Liability

In consideration of permission granted by Valley Humane Society (VHS) to engaged in Canine Comfort Pet Therapy visits, I, the undersigned, expressly agree, on behalf of myself, my heirs, executors, administrators, successors and assigns to release, discharge, indemnify and hold harmless Valley Humane Society, its insurers, employees, volunteers, officers, directors, and associates for any and all personal injuries, negligence claims, including gross negligence, emotional distress and claims for damages, known or unknown, to myself or my personal property related to my Valley Humane Society Canine Comfort Pet Therapy visits, related specifically to any animal related injuries, such as bites, scratches, and falls, as well as any claims or injuries related to any infectious disease, virus or other illness.

I understand and agree that by participating in Canine Comfort Pet Therapy visits, there exists a risk of injury or sickness due to infectious diseases, viruses or other harms, including, but not limited to the coronavirus and COVID-19. I agree to follow all policies and guidelines set by the organization/facility I'm visiting, as well as properly wearing protective facial coverings and washing/sanitizing hands regularly during each visit. I will check my temperature and ensure I am in good health before each pet therapy visit. While VHS has taken reasonable care to reduce the risk of transmission and/or transference of any infectious diseases, viruses or other harms, VHS cannot completely eliminate any/all of these potential risks. This release does not apply to claims of willful injury or misconduct.

By signing my name here states that I agree to this release and waiver of liability.

Print Name _____

Signature: _____ Date: _____

For information or assistance, please contact Shoshannah Reed at (925) 426-8656, ext. 13 or sreed@valleyhumane.org

Valley Humane Society
CANINE COMFORT

Please return completed form to:

Valley Humane Society
ATTN: Canine Comfort Pet Therapy
3670 Nevada Street, Pleasanton, CA 94566