



COMMUNITY SERVICE APPLICATION

(Please Print Legibly!!)

Personal Information

Date: _____

First Name: _____ Last Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, ALLERGIES, etc.)? YES or NO

If yes, please explain: _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Service Information

You need to fulfill community service requirements for: school court-ordered _____

How many hours do you need to fulfill? _____ By what date? _____

** Please make sure to include copies of any paperwork required for us to fill out, including instructions (if applicable).

If for SCHOOL:

School Name: _____ Location: _____

Teacher or Advisor: _____ Phone: _____

Email: _____

Do you have a special project associated with this community service? YES NO

If yes, please explain: _____

Are there any special requirements associated with your service hours? YES NO

If yes, please explain: _____

If for COURT or OTHER:

Case Manager: _____ Phone: _____

In what capacity do you hope to fulfill your community service hours? **

- Animal Care Maintenance Administrative Assist Education
- Community Outreach Special Projects Other, please specify: _____

** Please understand, this request is not guaranteed, but does help us when considering assignments.

ZOONOTIC DISEASE AWARENESS

Volunteers can help to protect themselves from zoonotic diseases (diseases that can be passed between humans and animals) and prevent the spread of disease in the shelter.

Protect Yourself and Your Own Animals:

- If your immune system is compromised, consult with your physician.
- Keep all of your animal's vaccinations current.
- ALWAYS wash hands before and after handling or interacting with any animal, especially prior to eating.
- Don't allow animals to lick your face or any wounds.
- Consider changing your clothes and shoes before going home.
- Immediately report any bite and/or scratch to MHS staff.
- Use gloves before any potential contact with excrement or vomit.
- Do not touch or handle animals in the Isolation Area.
- Do not handle any animal that appears ill. Please notify MHS staff if you believe one to be so.

Protect Shelter Animals:

- ALWAYS wash hands with soap and water between touching animals
- Do not take puppies less than 4 months old to outside play areas.
- Do NOT mix animals from separate kennels.
- Use rubber/plastic toys/kongs that can be disinfected.

_____ (initial) **I have read, understand and agree to follow the instructions above.**

VOLUNTEER RELEASE WAIVER

_____ (initial) I authorize the Maui Humane Society to seek emergency medical treatment for me (or my child _____, if applicable) in case of an accident, injury or illness and to hold MHS harmless in such an event. I understand that under MHS Worker Compensation Policy, volunteers are not eligible for coverage for injuries sustained while volunteering at the shelter or any other MHS sponsored events.

_____ (initial) I waive all claims against the Maui Humane Society, the City and County of Maui or the State of Hawaii, and/or their members, directors, employees and volunteers for all personal injury and property damages resulting from volunteer work for the Maui Humane Society.

CONFIDENTIALITY AGREEMENT

It is the Maui Humane Society's policy to protect its property and proprietary information. The willful disclosure of MHS animal control investigations and/or cases, donor files, client information, or any other confidential and proprietary information during or after termination of employment constitutes a violation of MHS policy and may result in disciplinary action up to and including discharge for current volunteers and/or legal action of both current and former volunteers.

Information that must not be released to people outside of MHS includes, but is not limited to, the following:

- Customer and/or donor lists and any information related to customer and/or donor contacts
- Any information, files or related materials from animal control investigations
- Any Maui Humane Society files, including personnel and confidential documents
- Specific employee compensation rates and related information
- All work products, including letters, memoranda, presentations, e-mail, and all other documents, whether hard copy or not, is confidential and the property of MHS. As such it may not be copied, taken, transmitted, lent or transferred from MHS premises without prior written authorization from the CEO.

_____ (initial) I, the undersigned, understand, acknowledge and agree to abide by the MHS Confidentiality Agreement. I understand that if breach this contract, I could face disciplinary action, including discharge from service, and possible legal action.

Volunteer Signature

Date

Volunteer PRINT NAME

If under 18 years of age, Parent or Guardian signature is required.

Parent/Guardian Signature

Date

Print Parent/Guardian PRINT NAME

FOR STAFF USE ONLY

Approved: YES NO **Comments:** _____

Date to Start: _____

Department: _____ **Supervisor:** _____

Schedule: M T W R F Sa Sn

Hours: _____

Actual Hours Served

Please fill in the date and hours below, including supervisor initial to verify.

							Week Total
							Week Total
							Week Total
							Week Total
							Week Total

Total # of Hours Completed: _____

Supervisor Comments: