



HSCO Youth and Community Group Application

Youth/ Community Group Information:

Name of organization: _____ Phone Number: _____

Address: _____ E-mail address: _____

Primary Contact: (one individual will be the primary contact for scheduling & application purposes)

Contact Name: _____ Phone Number: _____

E-mail address: _____

Alternative Contact: _____ Phone Number: _____

Please describe your school/ community group: (who do you serve and what are your services):

What do you want your students/ clients to gain from their volunteer experience at the HSCO?

Why did your organization choose the HSCO for their group volunteer experience?

Does your organization have experience volunteering with animals?

Client/ Student Information:

Please describe your students/ clients mental, physical and emotional abilities:

Circle the Age Range of Students/Clients: 9-18 19-25 26-50 50+

Do any of the students/ clients have a sensitivity to loud sounds, lights, strong smells, new surroundings and/ or new people? _____

If yes, please explain:

Do any of your students/ clients need any special accommodations?

How many students/ clients will be volunteering at the HSCO? _____

How many supervisors (over 21 years of age) will your organization be able to provide? _____

(Some groups may require supervision due to age, disabilities or judicial requirements.)

Do any of your students/ clients have a criminal history? _____ If yes, please explain:

What are the days and times you are wanting to volunteer? Please indicate your desired time in under the day you are wishing to volunteer.

| Time of Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |



Humane Society of Central Oregon

Group Volunteer Release Form

Please read the following statement and indicate agreement at the end of the statement.

YOU WILL NOT BE ABLE TO SUBMIT YOUR APPLICATION TO BECOME A GROUP HSCO VOLUNTEER(S) UNLESS YOU AGREE TO THE FOLLOWING STATEMENT AND INDICATE SO BY SIGNING AT THE END OF THE STATEMENT.

The sponsoring organization will be required to provide the HSCO with proof of liability insurance covering the group's volunteer activity. The proof for insurance coverage [a certificate of insurance (COI) signed by a licensed agent representative of the insurance company] must be current and submitted with the project application or prior to any group project activities. The COI is for general liability in the amount of \$2,000,000 per occurrence, and name Humane Society of Central Oregon as additionally insured.

The sponsoring organization shall indemnify, defend and hold the HSCO harmless for any loss, bodily injury, or damage incurred by the sponsoring organization and/or group members, and/or the result of the sponsoring organization's or group's actions or conduct.

The sponsoring organization shall be responsible at all times for the actions, character, control, supervision and conduct of the group volunteers. The sponsoring organization understands that any volunteer conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize the public trust in the HSCO shall result in removal of the group from volunteer activities.

The group leader must maintain a list of all group volunteers containing names, addresses and ages, emergency contact; and provide a copy to the HSCO.

All group activities will be assigned projects. The designated group leader will be responsible for the project completion and supervision of the group members.

I acknowledge that volunteer photographs may be taken for possible use in: news releases, internal publications, promotional and educational materials.

To the best of my knowledge I have answered everything on this application truthfully and have not given any information intended to deceive or commit fraud or made any false statement that might be construed as such. I acknowledge that I have signing authority for my organization. Applications will be kept on file for 1 year.

Printed Contact Name: _____

Contact Signature: _____

Date: _____