

Dear Friend of Animals:

Thank you for your interest in *Heartland Humane Society's Perfect Paws* volunteer program. We named our program Perfect Paws because it is your service hands that help keep our shelter open and our animals content.

As you may know, we are highly dependent on volunteers and simply cannot afford to hire staff to meet many of our program needs and services. Your willingness to join *Perfect Paws* will make a tremendous difference in the lives of abused, neglected, and homeless animals in Yankton, Clay, and Cedar counties. As the Executive Director for HHS, the staff joins me in wanting to make sure that the talents of our volunteers are being used effectively

Heartland Humane Society recognizes that our volunteers have a variety of talents, interests, and time. With this in mind, we've developed our Perfect Paws program in a way to allow any HHS volunteer to be able serve how they want and when they want. For example, some people prefer to work directly with animals, whiles others do not. Some want to bring humane education into the schools or contact legislators about animal welfare issues, while others want to foster our dogs or work with fundraising. In other words, Perfect Paws is like a cafeteria where you can choose to participate in activities that appeal to you.

Enclosed is our updated volunteer application to join *Perfect Paws* and make a difference. In addition to getting your background information, the form lists the many activities that currently require help from volunteers. If you decide to join Perfect Paws (and we hope you do) please read the form, fill out the application, and return to us. Should you have any questions, please contact me at 664-4244 or hhsdirector@midconetwork.com

Sincerely,

Kerry Schmidt, Executive Director

Heartland Humane Society

Heartland Humane Society

Perfect Paws Guidelines for Volunteers

Purpose: To assist the Heartland Humane Society in accomplishing the organization's mission through volunteer support of selected programs and services

Guidelines: Perfect Paws Members will provide volunteer support in accordance with the following guidelines that have been approved by the Board of Directors.

- 1. Active members will: be 14 years or older; demonstrate an ongoing commitment to HHS's mission, programs, and services through regular participation; complete an application form; and agree to abide by these guidelines as well as any other policies or procedures established by the Board of Directors or staff.
- 2. Members between the ages of 14-17 will be youth members. Members 18 and older will be adult members.
- 3. Approved members will be asked to help with those activities for which they have indicated their interest and willingness to help. The Executive Director, or their designees, will assign activities and will strive to accommodate the interests of the individual member while, at the same time, addressing the needs of the organization.
- 4. Members may be required to sign a liability waiver, as deemed necessary by the Board of Directors, before engaging in certain volunteer activities. Youth members will be required to obtain their parent/guardian's permission by signature on the appropriate form.
- 5. Members are not responsible for any membership dues. However, those members who wish to make a financial contribution to the organization are strongly encouraged to do so through our Paw Partners program.
- 6. The Executive Director must approve all activities in which the volunteer speaks on behalf of the organization. These include, but are not limited to: media appearances, school presentations and educational programs, and service club presentations. Volunteers who engage in these activities must first meet with the Executive Director. Following each speaking engagement, the volunteer will provide feedback to the appropriate designee.
- 7. The Executive Director, or his/her designee, may immediately relieve a volunteer of his/her duties should such an action be necessary to protect volunteers, other persons, the animals, or the organization.

HEARTLAND HUMANE SOCIETY Perfect Paws Volunteer Application

NAME:							
ADDRESS: _							
PHONE:		EMAIL:					
AGE:	DO Y	OU CURRENT	LY HAVE A DRI	VERS LICENCE	:: YES N	Ю	
EMERGENCY	CONTACT NA	ME:		NUMBER:			
Are you pre	sently in sch	ool? If	yes, name of s	school			
Are you pre	sently emplo	yed?lf ye	s, present occ	upation:			
Relevant we	ork experienc	e:					
Relevant v	olunteer expe	erience (skills	, training, inter	rest, hobbies	included):		
Are they: S _I Have you e How did you Newspaper	oayed/Neuter ver been con u hear about	redYes _ victed of a fe HHS volunted adio Televis	How Many? No lony? Yoer program? (Ision Event V	es No Please circle	Date: your answer)		
Are you ava	ailable regula	rly each weel	</td <td></td> <td></td> <td></td> <td></td>				
•	· ·	•	uld be availab	le for volunte	ering:		
Shift Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6·30a-9a						ĺ	

Shift Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:30a-9a							
9a-12p							
12p-3p							
3p-6p							
6p-9p							

you would like to participate. Please rem choose only the areas where you may h	lowing areas. Please place an "x" next to each area in which ember each area represents a commitment of your time so ave a particular interest. If you have a special talent or t us know in the comments section below. For more 64-4244.
	nedule for kennel and shelter cleaning on weekends and ssisting in transporting of animals to and from shelter, bathing er pets.
	ecial events such as dog walks, fundraisers, humane numane education for school children, and speaking at
monthly basis; working with breed rescu	on efforts to place animals in meet and greet situations on a e groups in placement and transportation of animals; help at involves bringing animals to a specific site, and the amilies for HHS.
shelter, food, water, exercise, and love.) expenses. We also have food, beds, car responsible for bringing animal to adopti	g or cat until the animal can be adopted (to include proper HHS will pay for vet bills and any necessary grooming riers, and accessories available to use. Volunteer is on events when possible and communicating with HHS staff omplete the fostering application and be pre-approved.
COMMENTS:	
Volunteer signature	Parent or Guardian Name (If under 18)
Date	Parent or Guardian Signature (If under 18)