

Handbook Acknowledgment/ Receipt

The Dubuque Regional Humane Society Volunteer Handbook describes important information about the DRHS, and I understand that I should contact the Outreach Coordinator regarding any questions not answered in the handbook. Accordingly, either I or the DRHS may terminate the relationship at will, with or without cause, at any time. This handbook and the policies and procedures contained herein supersede any and all prior practices, oral or written representations, or statements regarding the terms and conditions of my employment with the DRHS. I understand any and all policies and practices may be changed at any time by the DRHS All changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. I understand that it is my responsibility to read and comply with the policies contained in this Handbook and any revisions made to it.

Release of Liability Waiver

I hereby authorize the Dubuque Regional Humane Society (DRHS) to seek Emergency Medical Treatment in case of accident, injury or illness. I acknowledge my understanding that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury and I assume that risk. I agree to hold harmless the DRHS and any employees and/or members of the Board of Directors of said agency from any liability whatsoever arising from my participation in the DRHS Volunteer Program. In consideration of being allowed to participate in the DRHS Volunteer Program, I hereby release the DRHS, its employees, officers and directors from any liability for injuries I might receive in my volunteer activities on behalf of the DRHS. I certify that the above information given is accurate and true. I understand that I must attend a Volunteer Orientation meeting and sign a Volunteer Agreement before I will be allowed to volunteer for the DRHS. Volunteers of the DRHS may have access to confidential information, which is not generally known to or accessible by the public. Disclosure of confidential information is not permitted. This non-disclosure applies during and after your volunteer time with the DRHS. Any copying, reproducing or distributing of confidential information in any manner must be authorized by management. Confidential information remains the property of the DRHS.

Understanding that public relations are an important part of a volunteer's activities on behalf of the DRHS, I hereby authorize the DRHS to use any photographs of me in its possession for public relation purposes.

Date: _____

Volunteer Signature: _____

Volunteer Name(print) _____

Guardian signature if applicable: _____

Guardian Name (print): _____

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