

## Third Party/Student Project Fundraising Application



Please mail or email completed application to:  
**Bitter Root Humane Association**  
Attention: Michele Craig  
P.O. Box 57 • Hamilton, MT 59840  
BRHA Contact: Michele Craig 363-5449  
Volunteer and Development Manager  
[volunteers@bitterroothumane.org](mailto:volunteers@bitterroothumane.org)

Date: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_

Are you under 18 years old, but at least 16 years old? \_\_\_\_\_

Emergency #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of School/Business or Organization: \_\_\_\_\_

If a Student Project, please list Advisor Name/Ph. # \_\_\_\_\_

Please provide a general description of your project (or attach a separate document):

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What is the approximate start date and end date of your project? \_\_\_\_\_

What made you think of this idea? \_\_\_\_\_

Have you had any experience with this type of project? \_\_\_\_\_

What kind of outcome/goal do you expect? \_\_\_\_\_

What do you think will be the hardest part of this project? \_\_\_\_\_

What support do you need from the Bitter Root Humane Association?

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We review requests for fundraising events each month and will respond to your request as soon as possible!  
If your event is approved, please understand that we will have to review and approve all marketing and promotion materials mentioned our name, prior to being published or distributed. This also includes use of our BRHA Logo. Thank you for considering the BRHA, we look forward to working with you!



## VOLUNTEER AGREEMENT

### As a Volunteer with the Bitter Root Humane Association, I agree to:

In consideration of the Bitter Root Humane Association (hereafter referred to as BRHA) accepting me as a volunteer, I \_\_\_\_\_, hereby agree to indemnify, defend and hold BRHA, its employees, volunteers, and directors harmless for any and all damages, loss, or injuries I may sustain during my volunteer activities. I understand the risks involved with my volunteer activities at BRHA. I fully understand that BRHA handles many animals on a daily basis and I assume all responsibility for bodily injury, loss of personal property and expenses thereof as a result of working with these animals. I hereby grant and convey to BRHA all rights, title, and interest in any and all photographic images and video or audio records made in connection with activities conducted or sponsored by BRHA.

This volunteer release form is executed without reliance upon any representation by any person, the undersigned has carefully read and understands the contents of this volunteer release form, and executes the same as his or her own free act.

- Never strike an animal, or handle or treat an animal in such a way that it would be construed as rough or abusive. I will always exercise compassion and care with the animals.
- **Hold absolutely confidential all information that I may obtain, directly or indirectly, concerning clients, animals and staff.** I agree not to seek to obtain confidential information from a client. I understand that an intentional or unintentional violation of confidentiality may result in disciplinary action, including termination by the BRHA.
- **At all times, I will represent the BRHA in a positive manner.**
- Become familiar with BRHA policies and procedures and uphold their philosophy and standards. I will seek clarification from the Volunteer Coordinator or Shelter Manager.
- Donate my services to the BRHA without contemplation of compensation or future employment.
- Adhere to a BRHA policy of not taking pictures on BRHA property without permission, and not interfacing with members of the media unless otherwise instructed by BRHA Management Personnel.
- Be punctual and conscientious, conduct myself with dignity, courtesy, respect and consideration for others and strive to make my work professional in quality. To perform my volunteer duties in good spirit and to the best of my ability and to seek guidance from management staff when in doubt. I will contact my supervisor or staff if I am unable to assist as scheduled and adhere to sign-in and scheduling procedures.
- Maintain a well-groomed appearance for all volunteer assignments.
- Attend supplemental and advanced training whenever available and possible.
- Carry out my assignments in accordance with BRHA staff instructions and training, seek assistance from assigned staff and supervisory volunteers when necessary. Adhere to all safety procedures outlined by BRHA staff and/or Board of Directors.
- Limit my activity to my assigned work area unless otherwise directed by a BRHA management staff member or supervisory volunteer.
- Communicate any job-related problems, concerns, differences of opinion, conflicts, or suggestions only to BRHA Management staff or supervisory volunteer.
- Notify the BRHA Management staff or Volunteer Coordinator if I choose to discontinue my volunteer service.

**I understand that the Bitter Root Humane Association reserves the right to terminate my volunteer status as a result of any of the following:**

- Any abuse or mistreatment of an animal
- Failure to comply with organizational policies, rules, and other regulations as set forth by the BRHA Management staff or BRHA Board of Directors.
- Unsatisfactory attitude, work, or appearance.
- Any other circumstances which, in the combined judgment of the Volunteer Coordinator, BRHA Operations Manager and Board of Directors Executive Committee would make my continued service as a volunteer contrary to the best interest of the Bitter Root Humane Association.
- I understand that as a volunteer, I am greatly valued for my contribution; however I cannot affect shelter policy or procedures. I am always free to discuss any concerns or recommendations with the Volunteer Coordinator.

I have read and understand each of the above conditions. My signature below indicates that I agree to comply with them.

\_\_\_\_\_  
Signature (If you are under 18 years old, please have your parent/guardian sign)

\_\_\_\_\_  
Date