

HUMANE SOCIETY OF MARSHALL COUNTY, INC.

VOLUNTEER APPLICATION

Name _____
Last First M. I.

Address _____
City State Zip Code

Phone _____
Day Night Cell

Email Address _____

Emergency Contact _____
Name Relationship Phone Number

Student: Yes _____ No _____ If Yes, what grade: _____ College: _____

Are you pregnant, afraid of or allergic to animals, have an immune system deficiency, or had your spleen removed?
If yes, explain: _____

Do you have any physical or emotional condition that might hinder your volunteer service, or require us to provide
you with extra supervision? If yes, explain: _____

Humane Affiliations _____

Talents/Experience _____

Have you volunteered at a Humane Society and/or Animal Shelter before? _____

Areas of Interest: Shelter Animal Care _____ Office _____ Yard Sales _____
All functions _____ Computer _____ Education _____
Dog Walker _____ Newsletter _____ Telephone Calls _____
Cat Cuddler _____ Fundraising _____ Other _____
Cleaning Kennels _____ Public Relations _____ Foster Parent _____
Cleaning Cat Cages _____ Special Events _____ Pet Therapy _____
Pet Socialization _____ Photography _____ Volunteer Coordinator _____
Animal Bathing _____ Membership Drive _____
Laundry _____ Handyman/Woman _____
General Cleaning _____ Yard Mowing/Maintenance _____

Availability: Weekdays _____ Evenings _____ Weekends _____ Hrs. _____ Flexible _____

Commitment Availability (example: one time, six weeks, 6 months, etc.) _____

Why do you want to volunteer for the Humane Society of Marshall County?

FOR OFFICE USE

Interview Date _____ Orientation Date _____

Interviewed By _____ Accepted _____ Denied _____

Recommendations _____

VOLUNTEER RELEASE

I, _____, hereby agree to accept a position as a volunteer worker for the Humane Society of Marshall County, (hereinafter referred to as the HSMC), and in so doing, I agree to comply with all of the rules and regulations which may be established from time to time by the HSMC, and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of the HSMC. All services are to be performed by me at my own risk.

I understand that I will be requested to sign a separate Release and Indemnity Agreement.

Volunteer Signature

Date

Witness Signature

I, _____, understand that public relations is an important part of volunteering at the HSMC. On behalf of myself, my heirs, personal representative and executors, I hereby allow the HSMC to use any photographs taken of me for use in public relations efforts.

Volunteer Signature

Date

Witness Signature

JUNIOR VOLUNTEER CONSENT

(MINIMUM AGE: 14 YRS)

This section is to be completed by parent/guardian of all applicants age 14, 15, and 16.

My son/daughter, _____, has my permission to participate as a volunteer for the Humane Society of Marshall County. I understand that my son/daughter will be expected to abide by the rules and regulations, general guidelines and responsibilities of the HSMC. A breach of conduct will result in immediate dismissal. Parents will be notified of the dismissal immediately.

Parent/Guardian Signature

Date

Witness Signature