

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