

Humane Society Serving Crawford County

VOLUNTEER APPLICATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Facebook Name _____

Emergency Contact _____ Relationship _____ Phone # _____

Areas of Interest (Check all that apply) Dogs ___ Cats ___ Special Events ___ Office ___

Bingo ___ Behavioral ___ Enrichment ___ Other (please state) _____

Days and Times available to volunteer:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | |
| Afternoon | | | | | | |
| Evening | | | | | | |

List two professional references with phone numbers

- 1) _____
- 2) _____

Why do you want to volunteer for the Humane Society serving Crawford County?

Volunteer Agreement: I agree to become a non-compensated volunteer for the Humane Society serving Crawford County (HSCC), a registered 501c3non-profit organization. I shall comply with the following terms and conditions in order to best serve the organization and the animals it is trying to help.

I will abide by the mission, rules, regulations, policies & procedures of the HSCC while I am a volunteer. If I am unclear to what these are, I will check with my immediate supervisor. During the course of volunteering I agree not to remove any property without express permission from my immediate supervisor.

I do hereby agree to indemnify, hold harmless & release the HSCC, its agents, employees, officers, trustees, and other volunteers from and against claims or liability or other actions in any way arising out of or resulting from my volunteer services on or off Humane Society properties. This includes but not limited to any and all injuries sustained while volunteering.

To the best of the knowledge, I have accurately and truthfully filled out this volunteer application and understand and agree that the Humane Society serving Crawford County may refuse my application of its own discretion.

Signature _____ (If minor, must have parent/guardian signature)

Signature _____ Date _____

HSCC Signature _____ Date _____