

Volunteer



Application

Incomplete applications will be rejected.

GENERAL INFORMATION

Name:		Date:	
Current address:			
City:		State:	ZIP Code:
Phone	Cell:	Email:	
Are you older than 18 years old? (circle one)	Yes	No	If no, what is your date of birth:
Best time to contact you:	Morning	Afternoon	Evening

PARENT/GUARDIAN INFORMATION (MUST BE FILLED OUT IF YOU ARE UNDER 18 YEARS OLD)

Parent/Guardian Name:			
Current address:			
City:		State:	ZIP Code:
Phone	Cell:	Email:	

EMERGENCY CONTACT

Name:		Relationship	
Current address (If different from above)			
City:		State:	ZIP Code:
Phone	Cell:		

AREAS OF INTEREST (PLEASE CHECK ALL THAT APPLY)

<u>Shelter Duties</u>		<u>Fundraising/Events</u>	
<input type="checkbox"/>	Facility Cleaning	<input type="checkbox"/>	Fundraising Committee (must be 21 years old)
<input type="checkbox"/>	Bathing/Grooming	<input type="checkbox"/>	B.A.R.K. Boxes (October)
<input type="checkbox"/>	Dog Walker (must be 16 years old)	<input type="checkbox"/>	Adopt-A-Thons
<input type="checkbox"/>	Cat Care	<input type="checkbox"/>	Holiday Pet Pictures
<input type="checkbox"/>	Small Animal Care	<input type="checkbox"/>	Bake Sales
<input type="checkbox"/>		<input type="checkbox"/>	Various Contests
<u>Other Duties</u>		<u>Areas of Special Skill</u>	
<input type="checkbox"/>	PetSmart Helper	Please tell us if you have any special interests or skills:	
<input type="checkbox"/>	Mailings		
<input type="checkbox"/>	Office Filing		
<input type="checkbox"/>	Adoption Follow-up		
<input type="checkbox"/>	Foster Parent Program		

BACKGROUND

Do you have previous volunteer experience with a non-profit program? If Yes, briefly describe your experience.

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BACKGROUND (CONT'D)

How did you learn about the PHS Volunteer Program?

Why do you want to be a PHS Volunteer?

What do you hope to gain from this experience?

SIGNATURES

Signature of Volunteer:

Date:

Signature of Parent/Guardian:

Date:

Release And Waiver Of Liability And Claim Of Negligence Or Any Other Claim Of Misconduct

I certify that as a volunteer for the Posey Humane Society, Inc. I am aware of the dangers of participating in services provided to unknown, abused or injured animals. Risks include but not limited to those caused by animals, conditions and environment of distressed animals, actions of animals and of animal owners, or other volunteers. I hereby take action for myself, my executors, my administrators, heirs, next of kin, successors, and assigns as follows:

I Waive, Release, And Discharge from any and all liability from death, disability, personal injury, property damage, property, theft or action of any kind which may hereafter accrue to me as a result of my being a volunteer for the Posey Humane Society. This form shall be construed broadly to provide a release and waiver to a maximum extent permissible under the applicable law. I hereby certify that I am eighteen (18) years of age or older. I have read this document and I understand its contents.

Signature _____

Date _____

Health Insurance: Yes _____ No _____

If yes, please state Insurance Company: _____

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Junior Volunteer (B.A.R.K. Program) - Parent or Legal Guardian Release And Waiver Of Liability And Claim Of Negligence Or Any Other Claim Of Misconduct

Release executed on _____ 20_____

Whereas the above named minor desires to participate in the Junior Volunteer (B.A.R.K.) Program of the Posey Humane Society, Inc. and;

Whereas the above named minor and the parents/guardian of said minor are aware that the Posey Humane Society, Inc. is a not-for-profit corporation organized under the laws of the State of Indiana, and;

Whereas the above named minor and the parents/guardian of said minor are fully aware of the hazards and risks that might be involved in being around animals, and the premise itself, and are willing to accept and assume those risks and hazards.

Now, therefore, realizing the above and inconsideration of permission being granted to the above named minor by the Posey Humane Society, Inc., to participate in the Junior Volunteer (B.A.R.K.) Program, at the PHS shelter, at 6500 Leonard Road, Mt Vernon, IN 47620:

I, the undersigned parent or legal guardian of the above named minor, for and on behalf of myself and my said minor child hereby fully and forever release and discharge the Posey Humane Society, Inc., its agents, employees, directors, officers, and liability insurance carriers, from all action, damages or judgments which I may have now or in the future against the Posey Humane Society, Inc., for all personal injuries to my child or myself, known caused by or arising out of the activities of said child as a PHS Junior Volunteer.

Parent/Guardian
Signature _____ Date _____

Junior Volunteer
Signature _____ Date _____