

HUMANE SOCIETY OF SCOTT COUNTY, INDIANA

Volunteer Form

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

VOLUNTEER INFORMATION

Approximately how many hours per month are you willing to volunteer? _____

Please check any areas you are interested in.

Cat care/shelter duties _____ Animal transports _____ Dog bathing _____

Pet adoption fairs _____ Fund raisers _____ Home fostering dogs _____

Outreach Programs _____ Marketing & Publishing _____

WAVIER AND RELEASE OF LIABILITY

In consideration of being permitted to participate as a volunteer in a program organized by the Humane Society of Scott County, IN, I the undersigned agree to assume all risk of loss or injury, including death to myself or damage to my

property while on the property of the Humane Society of Scott County, IN and elsewhere while participating in the Volunteer Program, and hereby waive any right of action I may have had or may in the future lodge against the Humane Society of Scott County, IN, its successors, directors, staff, agents or volunteers for any such loss or injury caused by negligence or default of the Humane Society of Scott County, IN, its successors, directors, staff, agents or volunteers.

I acknowledge that the animals of the Humane Society of Scott County, IN are not trained and that some domestic animals may be unpredictable. I also acknowledge that the Humane Society of Scott County, IN strongly recommends I keep current with my tetanus immunization.

I hereby waive for myself, my personal representatives and dependents all such claims or rights of action aforementioned. By submitting this application I acknowledge that I am of full legal age and that I have read this release and have voluntarily agreed to it.

(Signature)

(Date)