

LAWRENCE COUNTY (OHIO) HUMANE SOCIETY INC

VOLUNTEER APPLICATION

NAME: _____

D.O.B: _____

HOME/CELL PHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____

(Name)

(Relation)

(Phone)

VOLUNTEER OPPORTUNITIES AVAILABILITY—PLEASE INDICATE DAYS/TIMES YOU WILL BE AVAILABLE

	KENNEL CLEANING	SUN	MON	TUES	WED	THURS	FRI	SAT
	FOSTER CARE							
	ADOPTION SERVICE							
	DOG WALKING							
	OTHER							

EMPLOYMENT EXPERIENCE: (BRIEFLY DESCRIBE) _____

DESCRIBE ANY SPECIAL TRAINING, HOBBIES, OR INTERESTS: _____

HAVE YOU EVER BEEN CONVICTED OR PLEADED "NO CONTEST" FOR ANY
OFFENSE OTHER TRAFFIC VIOLATIONS? _____ NO _____ YES

IF "YES" PLEASE EXPLAIN: _____

APPLICANT'S SIGNATURE _____ DATE _____



Volunteer Agreement

☐ I Agree, and Understand that...

As a willing volunteer for Lawrence County Humane Society (LCHS), I hereby agree that I am providing volunteer services to Lawrence County Humane Society (LCHS) by assisting in any way that I am able to. I understand and agree with the Policies & Procedures put in place by LCHS and I agree to exercise all safety precautions for other volunteers, the staff, the animals, and myself while volunteering at LCHS. I agree that I have been provided with a current copy of the Volunteer Manual and that I have read it.

I, undersigned, for myself, my heirs, executors, and administrators, hereby waive and release, indemnify and hold harmless Lawrence County Humane Society, and associated Officers, Directors, and Agents from any and all claims for injuries, losses, liabilities, and damages arising from or related to my activities as a Lawrence County Humane Society volunteer. I understand that as a volunteer, I will receive no pay, nor will I receive any insurance coverage.

I understand and agree that some animals are capable of inflicting serious personal injury or death, as well as significant property damage. I acknowledge that while LCHS will take every reasonable precaution to minimize the potential of danger posed by animals under its care, it is never possible to guarantee the temperament and/or behavior of any animal at all times and under all circumstances. I therefore agree that if I choose to walk, handle, transport, foster, or care for any LCHS animal for any period of time, I will do so at my own risk.

I understand and agree that while transporting animals, supplies, donations, or anything else on behalf of LCHS that I do so at my own risk. Any damage caused to my personal vehicle or any vehicle I use for such purpose will be repaired at my expense. I agree to only use vehicles that maintain adequate and proper auto insurance coverage.

I understand and agree that the LCHS website, social media pages, databases, internal files and records, including names and addresses of employees, volunteers, donors, applicants, former pet guardians, membership lists, and similar data are the sole property of LCHS, and the unauthorized disclosure of such information, its appropriation, changes or alterations to it may constitute a criminal offense.

I understand and agree that if I fail to comply with the terms of this agreement or am otherwise unable to meet the Volunteer Program policies and requirements, I will be terminated from the Volunteer Program.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THE ABOVE WAIVER AND RELEASE. I VOLUNTARILY SIGN THIS AGREEMENT AND WAIVE LAWRENCE COUNTY HUMANE SOCIETY FROM ANY AND ALL CLAIMS.

☐ I Agree

Signature: _____

Date: _____

Printed Name: _____