



Adoption • Education • Caring

VOLUNTEER APPLICATION

(age 14 and above)

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PLEASE PRINT

APPLICATION DATE: _____

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME _____ WORK _____ CELL _____

EMAIL: _____

OCCUPATION: _____ EMPLOYER: _____

PARENT CONTACT INFORMATION: _____

DO YOU PREFER TO VOLUNTEER AT: SHELTER ____ THRIFT SHOP ____ SPECIAL EVENTS ____

PRIOR EXPERIENCE WITH ANIMALS AND/OR VOLUNTEERING: _____

YOUR PETS: _____

WHAT DAYS/TIMES ARE YOU AVAILABLE ?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

HOW DID YOU HEAR ABOUT US? _____

ANY PHYSICAL LIMITATIONS? _____

IN CASE OF EMERGENCY, CONTACT: _____

RELATION: _____ PHONE: _____

ALL JUNIOR VOLUNTEERS MUST HAVE PAPERWORK SIGNED BY PARENTS OR GUARDIANS.

VOLUNTEER CONSENT RELEASE

NOTE: IF YOU NEED SOMEONE TO READ THIS FORM TO YOU, ARE UNDER THE AGE OF 18, OR DO NOT UNDERSTAND ENGLISH, PLEASE ALLOW A STAFF MEMBER TO ASSIST YOU.

A PARENT OR LEGAL GUARDIAN MUST READ AND SIGN ALL FORMS FOR VOLUNTEERS UNDER 18 YEARS OF AGE.

I, _____ HEARBY FULLY RELEASE AND DISCHARGE THE HUMANE SOCIETY OF SAVANNAH/CHATHAM, INC., IT'S AGENTS, EMPLOYEES, DIRECTORS, OFFICERS AND ALL LIABILITY CARRIERS FROM ANY AND ALL ACTION, DAMAGES, OR JUDGEMENTS, WHICH I MAY HAVE NOW OR IN THE FUTURE AGAINST THE HUMANE SOCIETY, FOR ALL PERSONAL INJURIES TO MYSELF, KNOWN AND UNKNOWN, AND/OR THOSE ARISING OUT OF THE ACTIVITIES OF MYSELF AS A VOLUNTEER OF THE HUMANE SOCIETY SAVANNAH/CHATHAM, INC.

I HAVE READ THIS STATEMENT AND UNDERSTAND ALL TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

ADDENDUM

VOLUNTEERS UNDER 18 MUST HAVE A PARENT OR LEGAL GUARDIAN COMPLETE AND SIGN BELOW.

INFORMATION ON MEDICAL PROVIDER IN CASE OF EMERGENCY.

DR. NAME _____

CLINIC _____

ADDRESS _____

PHONE _____

NAME AND POLICY NUMBER OF MEDICAL INSURANCE PROVIDER:

SUBSCRIBER NAME: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

I, _____, GIVE CONSENT TO THE HUMANE SOCIETY SUPERVISOR ON DUTY TO OBTAIN MEDICAL TREATMENT FOR _____ IN CASE OF AN EMERGENCY.

DATE COMPLETED ORIENTATION: _____