

HUMANE SOCIETY OF THE OHIO VALLEY

VOLUNTEER APPLICATION

****Must be 16 years old or accompanied by an adult****
All volunteers must attend volunteer orientation before volunteering

Contact Information

Name: _____ Date of Birth: ____/____/____

Address: _____ Home Phone: _____

City / State: _____ Zip: _____ Cell: _____

Email Address: _____

Facebook Name: _____

Are you able to provide temporary foster care for shelter animals? Y or N Dog or Cat

Availability

___ Weekday Mornings ___ Weekday Afternoons ___ Weekday Evenings

___ Weekend Mornings ___ Weekend Afternoons ___ Weekend Evenings

Related Experience / Previous Volunteer Experience

Interests

___ Adopt-a-Thons ___ Computer / Website Assistance ___ Animal Grooming
___ Cat Care ___ Grant Writing ___ Nursing Home Visits
___ Dog Walking ___ Grounds Keeping / Maintenance ___ Kennel Care Assistance
___ Fundraising ___ Office Assistance ___ Transport
___ Other: _____

Person to Notify in Case of Emergency

Name: _____ Phone: _____

Have you ever been accused of, charged with, or otherwise convicted of a crime against any animal? Y or N

If yes, please explain: _____

By submitting this application, I affirm that the above information is true

Signature: _____ Date: _____

Shelter Use Only:	Orientation Completed _____	Welcome Email Sent _____
	Other _____	

ADULTS - PLEASE READ AND SIGN WAIVER BELOW

In consideration of HSOV accepting my application for participating in programs, I agree to release and hold harmless HSOV from and against any and all loss, damage, claims, liability, costs, and expenses of any nature whatsoever, including without limitation attorney's fees and disbursements arising from or occasioned by my participation in HSOV programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur (no matter how minor) that I will complete a Volunteer Injury Report form and seek any necessary medical attention utilizing my own medical insurance. I agree that HSOV may photograph my participation in this program, and hereby release such photographs to HSOV for use in its programs, publications and purposes.

Signature

Date

**ADULTS WITH MINOR CHILDREN PARTICIPATING
PLEASE READ AND SIGN THE WAIVER BELOW**

I agree to the above waiver of liability PLUS agree to the following: I give permission for my child to participate in the volunteer program at HSOV. I release and hold harmless the HSOV, its agents, and employees from responsibility or liability arising out of my child's participation. I understand there are certain risks inherent in dealing with animals. I certify that my child is covered under my health insurance policy should injury take place while volunteering or participating. I will be responsible for his/her medical bills. I agree that my child will be with parent or guardian at all times while participating in HSOV programs. I agree to the above parental consent statement.

Print Child name(s) and age(s):

Parent or guardian:

Signature

Date