



2012 Shelter Pal Application

Date: _____

Name: First _____ Last _____

Address: _____ City _____ State _____ Zipcode _____

Contact Info: Home# _____ Cell# _____ E-mail _____

Parent or Guardian's Name: _____ (If under 18)

Current Place of Employment: _____

Are you a student? _____ If so where? _____ is this a school requirement? _____

* All individuals must be 16 or older to volunteer without a parent present *

Please list any other community volunteer experience: _____

Why do you want to volunteer with us? _____

Have you volunteered here before? _____ if so please list approximate dates _____

What days and times are you most likely to volunteer? (list the times under the days you are able to work)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Do you live with any pets? _____ if so, please list types, breeds and ages _____

Are all your pets spayed or neutered? _____ Are all your pets up to date on vaccinations? _____

Would you prefer to work with _____ Cats _____ Dogs _____ Both

Do you have any allergies and/or medical conditions we should be aware of? _____ if so please list

Is there anything else you would like to tell us about yourself? _____

Please check all of the following that you are willing and able to do:

- | | | |
|---------------------------------|-------------------------------|---------------------------------|
| _____ Play/pet/brush cats | _____ Pick up donations | _____ Pet Therapy (must be 18)* |
| _____ Walk/bathe/play with dogs | _____ Gardening/Landscaping | _____ Clerical/Reception* |
| _____ Photography | _____ Snow removal/Mowing | _____ Animal Behavior/Training* |
| _____ HSSCM Mascot | _____ Volunteer coordination* | _____ Special Events* |

*Additional training required.

All Shelter Pals must commit to volunteering a minimum of four hours per month. Individuals needing to report hours for school requirements, dental plan or community service hours must schedule time through community service coordinator; these hours will not qualify as volunteer time.

HSSCM Release:

I hereby release, indemnify, and hold harmless HSSCM, its President/CEO, employees, successors, legal representatives, sponsors, and supervisors of all its activities, from any and all claims, causes of action, and liability arising from or in any way connected with my volunteer participation with the Humane Society of South Central Michigan. I understand that I am expressly assuming all risk, including but not limited to all risk of injury and disease associated with my volunteer participation. I further grant HSSCM permission to use, without cost, any photographs, videos, or audio taken of me during my volunteer services.

This certifies that I understand that I must attend Shelter Pal orientation and receive, read and understand the contents of the volunteer training manual prior to volunteering with the Humane Society of South Central Michigan.

Volunteer Signature: _____

Age (If under 18) _____ DOB: ___/___/___ (If under 18)

Parent or Guardians Signature: _____

(If under 18)