



HUMANE SOCIETY
of South Central Michigan

South Central Michigan's nonprofit advocate, sanctuary and source for companion animals since 1887.

2500 Watkins Road
Battle Creek, MI 49015
Phone: (269) 963-1796
Fax: (269) 963-3365

Visit us on the web at www.hs-scm.org

Date _____

VOLUNTEER APPLICATION

Are you a student? (circle) No Yes If yes, where? _____

Is this a school requirement? _____

Why do you want to volunteer with us? _____

Have you volunteered here before? (circle) No Yes If so, please list approximate dates: _____

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

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Time(s) available _____

Do you live with any pets? (circle) No Yes If so, please list types, breeds and ages.

_____	Age _____	_____	Age _____
Breed/Type		Breed/Type	
_____	Age _____	_____	Age _____
Breed/Type		Breed/Type	
_____	Age _____	_____	Age _____
Breed/Type		Breed/Type	

Would you prefer to work with (circle) Cats Dogs Both

Do you have any allergies and/or medical conditions we should be aware of? (circle) No Yes
If yes, 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.
Note: Some activities require additional training.

- Sweep / Mop Floor
- Poop Scoop Dog Runs
- Dog Washing
- Pet Therapy
- Shelter P.A.L.S.
- Pet Transporter
- H.S. Mascot
- Clerical
- Special Events
- Gardening / Landscaping
- Laundry / Dishes
- Donation Pick-up
- Walk / Play with Dogs
- Clean Litter Boxes
- Mobile Adoption
- Hospice Volunteer
- Play / Pet / Brush Cats
- Other

HS-SCM Release

I hereby release, indemnify, and hold harmless HS-SCM, 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 HS-SCM permission to use, without cost, any photographs, videos, or audio taken of me during my volunteer services.

THIS CERTIFIES THAT I HAVE RECEIVED THE VOLUNTEER TRAINING MANUAL, READ AND UNDERSTAND ITS CONTENTS, AND COMPLETED VOLUNTEER ORIENTATION.

Volunteer Signature _____

Age (if under 18) _____ DOB (if under 18) _____

Parent or Guardians Signature _____
(if under 18)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

E-Mail (optional) _____

Parent or Guardian's Name (if under 18) _____