



## Volunteer Application

Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Info: Home# \_\_\_\_\_ Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

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

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

How did you hear about our volunteer program? : \_\_\_\_\_

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

Why do you want to volunteer with us? \_\_\_\_\_

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 perform:

All Volunteers begin as  
Shelter P.A.L.S.

- Playing, brushing and spending time with our feline residents
- Brushing, playing and walking our canine residents

In addition do Shelter P.A.L.S. opportunities are also available for those interested in:

(check all that apply)

- \_\_\_ Attending HSSCM events
- \_\_\_ Attending HSSCM events as our mascot 'Watkins'
- \_\_\_ Pet Therapy
- \_\_\_ Accessvision Assistant
- \_\_\_ Clerical Work
- \_\_\_ Cleaning (sweep, mop, laundry, dishes, etc.)
- \_\_\_ Landscaping

\* Some activities require additional training.

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)

