



Humane Society of Oldham County

PO Box 727 2417 South Hwy 53, LaGrange, KY 40031

502-222-7537

humanesocietyoc@att.net

Volunteer Application

Name: _____

Address: _____

Phone: (c) _____ (w) _____ (h) _____

Email: _____

What volunteer duties are you interested in? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Spay/Neuter Clinic duties | <input type="checkbox"/> Housekeeping, laundry, cleaning |
| <input type="checkbox"/> Adoption Events — <input type="checkbox"/> Preparation <input type="checkbox"/> Staffing booth | <input type="checkbox"/> Fundraising <input type="checkbox"/> Preparation <input type="checkbox"/> Setup |
| <input type="checkbox"/> Set up <input type="checkbox"/> Tear Down | <input type="checkbox"/> Tear Down <input type="checkbox"/> Staffing booth |
| <input type="checkbox"/> Transporting to and from | <input type="checkbox"/> Transporting to and from |
| <input type="checkbox"/> Fostering — <input type="checkbox"/> Dogs <input type="checkbox"/> Puppies <input type="checkbox"/> Cats <input type="checkbox"/> Kittens | <input type="checkbox"/> General office and phone work |
| <input type="checkbox"/> Trapping feral cats for Spay/Neuter/Release | <input type="checkbox"/> Other interests not listed _____ |
| <input type="checkbox"/> Cats <input type="checkbox"/> Cleaning <input type="checkbox"/> Socializing | _____ |
| | _____ |

Have you volunteered for any other like-minded organizations? YES NO If yes, who? _____

Please explain your experience, if any, in caring for or working with animals or other experience you feel would help our organization.

How many hours would you like to volunteer? Week _____ Month _____

Do you have any conditions (that would limit or prevent specific volunteer activities) that we should be aware of? YES NO If yes, please list the condition(s) you wish to disclose.

Who should we contact in case of emergency? List name/s, phone number(s), and address(s):

1) _____

2) _____

Waiver of Liability

I understand as a volunteer with The Humane Society of Oldham County (HSOC), I may come in contact with animals with unknown histories.

I understand these animals may have undiagnosed diseases, conditions, and/or behavioral problems that are unknown to the HSOC.

I am willing to undertake the risks of working with animals of unknown history or temperament.

I do not hold The HSOC, its Board, or volunteers responsible for any injuries or illnesses that I may encounter while volunteering.

I understand the risks involved and willingly participate in volunteer activities on behalf of The HSOC.

Name (please print): _____

Volunteer Signature _____ Date _____

Date of Birth if under 18 _____

Parent or Guardian (please print): _____

Signature of Parent/Guardian if under 18 _____ Date _____

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FOR HSOC USE ONLY:

Date Application Received _____

Group Orientation Attended On _____

Individual Orientation On _____

Notes _____

(Updated 3-26-2016)