



Volunteer Application

Name: _____ Email _____

Street: _____ City: _____

State: _____ Zip Code: _____

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

What volunteer opportunities are you interested in? Check all that apply:

- Spay/Neuter Clinics
- Fostering [] Dogs [] Puppies [] Cats [] Kittens
- Animal Care [] Dog [] Cats
- Housekeeping/Laundry
- Fundraising/Events
- General Office and Phone
- Other - Please List: _____

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

Have you ever volunteered for any other like-minded animal organizations?

Yes No If yes, who: _____

Please explain your experience, if any, in caring for or working with animals:

Please explain any past work experience or skills that you feel would assist our organization: _____

Do you have any medical conditions or allergies that would limit or prevent specific volunteer activities? Yes No If Yes, please explain what you wish to disclose: _____

Emergency Contact Information:

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

The Humane Society of Oldham County

P.O. Box 727 2417 South Hwy 53, LaGrange, KY 40031

(502) 222-7537 humanesocietoc@att.net

MEDIA RELEASE

I, the undersigned, hereby authorize The Humane Society of Oldham County (HSOC) to photograph me, take video footage of me, and/or make electronic sound recordings of (herein referred to as photographic or electronic reproductions.)

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deem appropriate by HSOC. I understand that I may be identifiable from such photographic or electronic reproduction.

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

I do not hold 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 HSOC.

Volunteer Name (please print): _____

Volunteer Signature: _____ Date: _____

If Volunteer is under the age of 18:

Volunteer Date of Birth (MM/DD/YYYY): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

FOR HSOC USE ONLY:

Date Application received: _____ Group _____

Group Orientation Attended Date: _____

Individual Orientation Attended Date: _____

Notes (see reverse): _____