**VOLUNTEER APPLICATION**

Thank you for your interest in volunteering with the Henry County Humane Society-Geneseo. The purpose of this form is to let us know your contact information and availability**. Please e-mail your form to henrycountyhumanesociety@yahoo.com** Once we receive your application someone will reach out to you to schedule a time to get trained. You can also watch our Facebook page for upcoming training dates.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (if under 18) \_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact you at work? \_\_\_\_Yes \_\_\_\_No If yes, work number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency, please notify 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of an emergency, please notify 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have any medical conditions that we should be aware of? \_\_\_\_Yes \_\_\_\_No

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies that you feel we should be aware of (cats, dogs, peanut butter, bee stings, latex. etc.)?

\_\_\_\_Yes \_\_\_\_No If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to work with \_\_\_ only cats \_\_\_ only dogs \_\_\_ I can work with both

**VOLUNTEER WAIVER OF LIABILITY AND CONSENT**

for adult volunteers only

I understand that by volunteering for the Henry County Humane Society - Geneseo (HCHS-G) that I am helping to care for the shelter animals. The HCHS-G makes every effort to insure the safety of our volunteers. However, accidents requiring medical attention occur. The HCHS-G carries liability insurance and it is secondary to any insurance that our volunteers have. All volunteers agree to be personally responsible and liable for any and all injury, harm, or any other incident that may occur during and after transit to and from the Humane Society. It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of working within the animal shelter, and agree that the HCHS-G shall not be responsible or liable for any loss, damage, or expense arising out of participation as a volunteer.

I have read and fully understand the above waiver and release of liability.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER SCHEDULING**

The Henry County Humane Society – Geneseo is open from 4:00 – 6:00 pm daily. We try and offer as much flexibility as possible. You are not required to volunteer on the same day each week. Once a volunteer is trained, they will be sent a link to sign up on our volunteer tool.

By circling below, you can indicate the day(s) of the week you would most likely have the availability to volunteer. This is just informational for our organization and does not mean you always have to volunteer on these days.

1st, 2nd, 3rd, 4th, 5th Sunday 1st, 2nd, 3rd, 4th, 5th Thursday

1st, 2nd, 3rd, 4th, 5th Monday 1st, 2nd, 3rd, 4th, 5th Friday

1st, 2nd, 3rd, 4th, 5th Tuesday 1st, 2nd, 3rd, 4th, 5th Saturday

1st, 2nd, 3rd, 4th, 5th Wednesday

**PARENTAL CONSENT AND RELEASE FORM**

**FOR VOLUNTEERS UNDER THE AGE OF 18**

I/We, the parent(s) or legal guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Print Name

a minor child, do hereby consent to said child’s presence at the animal shelter operated by the Henry County Humane Society - Geneseo and to his/her performing functions involving the care of the animals housed at the shelter.

Participation in other fundraising events or organized activities sponsored by the Henry County Humane Society-Geneseo may be held off-site locations; I/We, the parent(s) or legal guardian(s), do hereby consent to said child’s presence and participation at these functions as well.

The HCHS-G makes every effort to insure the safety of our volunteers. However, accidents requiring medical attention occur. The Henry County Humane Society - Geneseo carries liability insurance and it is secondary to any insurance that our volunteers have. The parents or guardians of the volunteer agrees to be personally responsible and liable for any and all injury, harm, or any other incident that may occur during and after transit to and from the Henry County Humane Society - Geneseo.

This Consent and Release shall be effective upon my/our signature and continue until my/our written cancellation thereof.

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT PARENT’S NAME PRINT PARENT’S NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER(S) TELEPHONE NUMBER(S)