

SHAWANO COUNTY HUMANE SOCIETY VOLUNTEER FORM

Please Note: In order to volunteer, or complete community service at the Shawano County Humane Society, you must be at least 16 years of age. A parent or guardian must accompany any person under the age of 16.

Date: _____

Names (Adults): _____ DOB _____

Names (Children): _____ Age(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Work): _____

E-mail: _____

Do you have allergies to animals- Please specify

Yes _____ No _____

Medical conditions that the **staff** should know about: (conditions that may affect your ability to perform certain tasks) _____

Have you volunteered or applied to volunteer here before?

[No] [Yes – volunteered] [Yes – applied]

Previous Animal Experience: _____

Do you have any special skills that we should know about? (ie. Professional groomer or trainer)

I prefer to volunteer: Dogs _____ Cats _____ Other _____

Volunteer hours are Monday thru Saturday 8 AM to 10 AM and Sundays 7AM to 9 AM

Are you volunteering to complete a Court-Ordered Community Service Requirement?

[Yes] [No] CS Contact person: _____ Phone #: _____

Is the volunteering for school? _____

Housing _____ Work Program _____

Volunteer Program Authorization

I _____ (name) have agreed to engage in the volunteer program with the Shawano County Humane Society..

In the event of an emergency, I hereby give permission to the physician selected by the Shawano County Humane Society to hospitalize and or secure proper treatment for the above person

Please Notify: Name: _____

Home Phone: _____

Cell _____

I agree to participate in the volunteer program activities with the Shawano County Humane Society. I have read and understand the key responsibilities of a volunteer as well as the skills, knowledge and attitude of a volunteer. In the event of an emergency I hereby give permission to the physician sought by the SCHS to hospitalize and/or secure proper treatment. I hereby agree that the SCHS shall not be held responsible for injury, accident and/or sickness to myself and/or my child that may occur in connection with the volunteer program.

Signature

Date

Parent\Guardian Signature
(if person is under 18)

Date

My child _____, is permitted to come to the shelter with _____ . This is his/her _____ (relationship).

Parent/Guardian Signature if under 18

Date