



To improve the lives of pets and people through sustainable programs of education, adoptions and spaying/ neutering.

Thank you for your interest in volunteering at our shelter. It is our belief that each and every volunteer plays a vital role in our mission to provide high quality animal care, adoption services, and humane education. **Students must be at least 12 years of age to volunteer.** Prior to serving with our organization, each applicant must take the Shelter Tour, successfully complete Shelter Safety Training, attend the Volunteer Orientation, and sign the release on the back of this application

Please print clearly in blue or black ink.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home () _____ - _____ Cell () _____ - _____ Birthdate ____ / ____ / ____

E-Mail Address _____

Briefly describe your interest in becoming an SOHS volunteer?

Please list any prior volunteer experience:

Emergency Contact: *(Required)*

First Name _____ Last Name _____

Relationship _____ Phone () _____ - _____

For Office Use Only

<input type="checkbox"/> Pet Partners _____	<input type="checkbox"/> Adoption Events	<input type="checkbox"/> Vol. Rel. _____
<input type="checkbox"/> PALS	<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Senior Project _____	<input type="checkbox"/> CO Com. Serv. _____	
<input type="checkbox"/> Cat Crew	Other _____	
<input type="checkbox"/> Dog Walkers	<input type="checkbox"/> Call _____	
<input type="checkbox"/> Kennel Guide	<input type="checkbox"/> Tour _____	
<input type="checkbox"/> Kennel Cleaning	<input type="checkbox"/> Class _____	
<input type="checkbox"/> Handy Helpers	<input type="checkbox"/> Orient _____	
<input type="checkbox"/> Bulk Mailing		



Volunteer Release

I recognize that when working with or around shelter animals, there is a risk of injury, including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives, and executor, I release, discharge and indemnify SoHumane, its agents and employees from any and all claims, causes of action or demands of any nature of cause connected with my volunteer services. This could include any costs, attorney's fees and court costs incurred by SoHumane in connection with my volunteer services based on damages or injuries which I may incur in any way while volunteering. Such damages are not limited to but may include animal bites, scratches, accidents, injuries, vet bills and personal property damage.

I agree to release, discharge and indemnify SoHumane and hold the organization harmless for any and all damage to my personal property while providing my services on a voluntary basis for SoHumane, its agents, servants and employees.

I understand that public relations are an important aspect of volunteer work at SoHumane. I, therefore, agree on behalf of myself, my heirs, personal representatives and executors to allow SoHumane and its agents to use any photographs, video, or film taken of me for use in public relations efforts. SoHumane will use all reasonable efforts to notify me, but notification is not required for the photographs, video or film to be used for public relations purposes.

I, (*print full name*) _____, have read and fully understand the terms and conditions of this volunteer agreement. I acknowledge that failure to comply with all of the rules and regulations established by SoHumane could result in my immediate termination as a volunteer.

Applicant Signature

Date

Applicants under the age of 18 must have parental or legal guardian consent.

As the parent or legal guardian of (*print full name*) _____, I give full consent for my child or ward to provide volunteer services for SoHumane and its agents. On behalf of myself and my child or ward, I have read, understand, and agree to all the terms and conditions outlined above.

Parent or Guardian Signature

Date

[Type text]