

# VOLUNTEER APPLICATION – HUMANE SOCIETY OF DAVIE COUNTY

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (If under 18, Parent/Guardian permission will be needed. If under 16, a Parent/Guardian will have to be present with minor)

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

What days are you most likely to volunteer?

- |                                    |                   |
|------------------------------------|-------------------|
| <input type="checkbox"/> Monday    | Time of Day _____ |
| <input type="checkbox"/> Tuesday   | Time of Day _____ |
| <input type="checkbox"/> Wednesday | Time of Day _____ |
| <input type="checkbox"/> Thursday  | Time of Day _____ |
| <input type="checkbox"/> Friday    | Time of Day _____ |
| <input type="checkbox"/> Saturday  | Time of Day _____ |
| <input type="checkbox"/> Sunday    | Time of Day _____ |

What animals are you willing to work with?

- Dogs  
 Cats  
 Both

Do you have any allergies or medical concerns that could be affected in this environment?

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

What kind of work would you like to do at the Adoption Center?

- |   |  |
|---|--|
| <input type="checkbox"/> Walk/Play with Dogs          | <input type="checkbox"/> Clean Litter Boxes      |
| <input type="checkbox"/> Scoop Dog Runs               | <input type="checkbox"/> Play/Pet/Brush Cats     |
| <input type="checkbox"/> Do Laundry                   | <input type="checkbox"/> Sweep/Mop Floors        |
| <input type="checkbox"/> Office Work                  | <input type="checkbox"/> Train Obedience to Dogs |
| <input type="checkbox"/> Publicity/Newsletter Writing | <input type="checkbox"/> Fundraising             |
| <input type="checkbox"/> Other: _____                 |  |

Any other information about yourself that you'd like to share:

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

## VOLUNTEER WAIVER AND RELEASE OF LIABILITY FORM

I, \_\_\_\_\_, desire to act as a volunteer to assist the Humane Society of Davie County in its work. By this document, I desire to waive, release and forever discharge the Humane Society of Davie County from any and all liability, for any and all injuries or damages, which might be incurred by me in the course of my volunteer service.

### ACKNOWLEDGEMENT

1. I am acting as a volunteer for the Humane Society of Davie County.
2. By my signature affixed hereto, I hereby release the Humane Society of Davie County, including but not limited to its employees, directors, officers, Board of Directors and members, from any and all liability for any personal injuries or property damage sustained by me while acting as a volunteer.
3. I acknowledge the Humane Society of Davie County is not providing any type of liability or workers compensation insurance for my benefit if I should be injured or my property damaged in the course of my assistance in my work as a volunteer for the Humane Society of Davie County.

### WAIVER AND RELEASE

Based upon the foregoing, and for good and sufficient consideration, I, my heirs and assigns do hereby release and forgive discharge, quitclaim and waive, any and all claims for damages or injuries that I might sustain in my work as a volunteer for the Humane Society of Davie County. I acknowledge that by executing this waiver and release of liability that I will have no right to file any claim, or assert any cause of action whatsoever, against the Humane Society of Davie County, including but not limited to its employees, directors, officers, Board of Directors and members as a result of any injury or property damage that I might sustain in the course of my volunteer work.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Witness' Signature

**MUST READ BEFORE SIGNING**