

# The Lehigh County Humane Society

## Volunteer Form

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Experience or skills that you would be willing to share with the Humane Society:

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

What type of volunteer jobs are you interested in? (Please check)

\_\_\_ Bathing & Grooming Animals

\_\_\_ Donation Cans

\_\_\_ Dog Walking or Cat Socializing

\_\_\_ Fundraising

\_\_\_ News Letter

\_\_\_ Adoption Counseling

\_\_\_ Special Event Projects

\_\_\_ Baking /Crafts

\_\_\_ Computer Skills

\_\_\_ Grounds Beautification

Times you are available to volunteer: Day \_\_\_\_\_ Evening \_\_\_\_\_ Weekend \_\_\_\_\_

Hours you are willing to work: \_\_\_\_\_

When would you like to begin: \_\_\_\_\_

Please list a personal reference we may contact: \_\_\_\_\_

**\*Note:** You will be scheduled for an orientation as soon as possible. Special training may be required for some volunteer jobs.

You must be 18 or older to participate in a volunteer area involving direct contact with shelter animals unless accompanied by an adult who has met our volunteer requirements, including attendance at an orientation and any other appropriate training sessions.

**DO NOT WRITE BELOW THIS LINE**

(FOR OFFICE USE ONLY)

Orientation \_\_\_\_\_ Contact \_\_\_\_\_ Photo \_\_\_\_\_ Tag \_\_\_\_\_ Interview \_\_\_\_\_

**RELEASE OF LIABILITY AGREEMENT**

THE UNDERSIGNED VOLUNTEER HEREBY RELEASES THE LEHIGH COUNTY HUMANE SOCIETY ("SOCIETY") FROM ANY AND ALL LIABILITY ARISING OUT OF THE VOLUNTEER'S SERVICE TO THE SOCIETY INCLUDING BUT NOT LIMITED TO, ALL LIABILITY FOR ILLNESS, PERSONAL INJURY, DEATH AND PROPERTY DAMAGE ARISING OUT OF THE VOLUNTEER'S HANDLING OF AND/OR CONTACT WITH ANY ANIMALS WITHIN THE POSSESSION, CUSTODY OR CONTROL OF THE SOCIETY WHEATER OR NOT SUCH ANIMALS ARE ON THE SOCIETY'S PROPERTY.

THE VOLUNTEER AGREES FURTHER THAT AS USED IN THIS AGREEMENT, THE TERM "VOLUNTEER" INCLUDES THE UNDERSIGNED, AND HIS/HER HEIRS, ASSIGN AND LEGAL REPRESENTATIVES, AND THAT THE TERM "SOCIETY" INCLUDES ALL PAST, PRESENT, AND FUTURE OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS OF SOCIETY, INCLUDING THEIR HEIRS, SUCCESSORS AND ASSIGNS.

VOLUNTEER UNDERSTANDS AND AGREES THAT HE/SHE ASSUMES ALL RISK OF ILLNEE, PERSONAL INJURY, DEATH AND PROPERTY DAMAGE RESULTING FROM HIS/HER SERVICE TO THE SOCIETY INCLUDING BUT NOT LIMITED TO, HIS/HER PRESENCE ON THE SOCIETY'S PROPERTY AND THE HANDLING OF AND/OR CONTACT WITH ANY ANIMALS WITHIN THE POSSESSION, CUSTODY OR CONTROL OF THE SOCIETY.

VOLUNTEER ACKNOWLEDGES THAT HE/SHE HAS ATTENDED THE SOCIETY'S VOLUNTEER ORIENTATION PROGRAM AND AGREES TO ABIDE BY ALL RULES, REGULATIONS, POLICIES AND PROCEDURES AS MAY FROM TIME TO TIME BE PUT INTO EFFECT BY SOCIETY.

VOLUNTEER AGREES TO PROMPTLY LEAVE THE PROPERTY OF SOCIETY WHENEVER REQUESTED TO DO SO FOR WHATEVER REASON.

VOLUNTEER HEREBY AUTHORIZES SOCIETY AND ITS REPRESENTATIVES TO PHOTOGRAPH, TELEWISE, VIDEOTAPE OR OTHERWISE RECORD THE IMAGE OF VOLUNTEER WHILE HE/SHE IS ON THE PROPERTY OF SOCIETY, AND TO USE SUCH IMAGES OF VOLUNTEER FOR ANY PURPOSE.

I HAVE READ AND UNDERSTAND ALL OF THIS RELEASE OF LIABILITY AGREEMENT. BOTH PARENTS/GUARDIANS MUST SIGN IN ADDITION TO VOLUNTEER IF HE/SHE IS LESS THAN 18 YEARS OF AGE. BY SIGNING, ALL SUCH PERSONS INTEND AND AGREE, ON THEIR OWN BEHALF AND ON BEHALF OF VOLUNTEER, TO BE LEGALLY BOUND BY THIS RELEASE OF LIABILITY AGREEMENT.

**Volunteer's Name** \_\_\_\_\_

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

**Date** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Emergency Contact Number** \_\_\_\_\_

**Are there any limitations or special instructions we should be aware of?** \_\_\_\_\_

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

**If under 18 years of age: Parent/Guardian Name(s):** \_\_\_\_\_

**Parent/Guardian Signature(s):** \_\_\_\_\_