Volunteer Application

Hendricks County Humane Society (HCHS)
3033 East Main Street, Danville, IN 46122
(317) 745-3338

Orientation Date: _____ T-Shirt Received: **Y N**

Membership Fee: $15 Individual / $25 Family Paid Date: _____ **Cash Check Charge**

Name (Please Print) _____

Address: _____
(Street) (City) (Zip Code)

Phone: _____
(Home) (Work) (Cell)

Preferred contact number: ☐ Home ☐ Work ☐ Cell OK to text: **Y N**

E-mail: _____
(All volunteer needs and updates about upcoming activities and events are via e-mail)

Areas of Interest for Volunteering

(Please check all areas you are interested in volunteering.)

- ☐ Adoption Counseling
- ☐ Adoption Events (☐ Sunday ☐ Special)
- ☐ Animal Care (☐ Cat Caregiver ☐ Legal Causes ☐ Transport)
- ☐ Building and Grounds
- ☐ Education (☐ Adult ☐ Children)
- ☐ Fostering (☐ Dog ☐ Cat)
- ☐ Fundraising
  - ☐ Clip N Chip (2nd Sunday of month)
  - ☐ Events (Dogtona!, Santa Pics, Wine Tasting, etc.)
- ☐ Office Assistance 12 Noon – 4:00 p.m. (☐ Mon ☐ Wed ☐ Fri)
- ☐ Pet Food Pantry (pickup, bag, dispense)
- ☐ Publicity/Marketing (☐ Booths ☐ Newsletter ☐ Parades)
- ☐ Other: Explain _____

When are you available to volunteer?

(Please check all that apply.)

☐ Mornings	☐ Afternoons	☐ Other _____
☐ Weekdays	☐ Weekends	☐ Other _____
☐ Year Round	☐ Summers Only	☐ Other _____

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(Continued)

Age Requirement Information

☐ I confirm that I am an **ADULT**, **<u>age 16 or older</u>**.

☐ I confirm that I am a **YOUTH**, **<u>under 16</u>**. – **Adult must accompany Youth Volunteer**.

Emergency Contact Information

Name _____

Address: _____
(Street) (City) (Zip Code)

Phone: _____
(Home) (Work) (Cell)

Photo Release

I agree that HCHS may photograph me while participating in volunteer activities, and I hereby release any such photographs to HCHS for use in its programs, publications and purposes.

Name _____ Date _____

Waiver and Release of Liability, Indemnification, and Hold Harmless Agreement

In consideration of HCHS accepting my application for participation in HCHS programs, I agree to release and hold harmless HCHS from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in HCHS' programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, that I will seek any necessary medical attention utilizing my own medical insurance, and I will be responsible for any resulting medical bills.

Volunteer Signature _____ Date _____