

# Humane Society of Ottawa County

## *Volunteer Application*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: / / (If under 18)

Parent/Guardian (If applicant is under 18) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any pets? (Y) (N) What kind(s): \_\_\_\_\_

What days would you like to volunteer? Mon Tues Wed Thurs Fri Sat Sun

What time of day would you like to volunteer? Morning Afternoon Evening

Which animals would you prefer to work with? Dogs Cats Both

Do you have ANY allergies? (Y) (N) If yes, what kind? \_\_\_\_\_

What kind of tasks would you LIKE to do?

Pet Care:

\_\_\_ Walk/Play With Dogs \_\_\_ Clean Dog Runs/Kennels \_\_\_ Bathe/Groom Dogs

\_\_\_ Pet/Play With Cats \_\_\_ Brush/Groom cats \_\_\_ Clean Cat Rooms

General Duties:

\_\_\_ Help At Fundraisers \_\_\_ Bake For Bake Sales \_\_\_ Building Maintenance

\_\_\_ Bottle Feed Newborn Kittens (In Your Home) \_\_\_ Lawn/Grounds Maintenance

\_\_\_ Foster Dogs \_\_\_ Foster Cats \_\_\_ Animal Photography \_\_\_ Cleaning/Laundry

Any other info you would like us to know about yourself? \_\_\_\_\_

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# Humane Society of Ottawa County

## VOLUNTEER RELEASE AND WAIVER OF LIABILITY

NAME: \_\_\_\_\_ DATE OF BIRTH (if under 18): \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

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

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

In consideration of being allowed to volunteer or perform community service at the Humane Society of Ottawa County, an Ohio not-for-profit corporation (HSOC), the undersigned (or the parent/guardian if the volunteer is under age eighteen) hereby states and agrees as follows:

I understand that in the course of my volunteer activities I will be working with and around animals at HSOC's facilities or at other locations. I understand that there are serious and unpredictable risks of injury or illness associated with working with and around animals. I knowingly, voluntarily and expressly assume that risk.

I hereby agree to release and forever discharge and hold harmless HSOC, its officers, directors, employees, other volunteers, successors and assigns from any and all liability, claims and demands of whatever kind or nature that may arise in connection with my volunteer activities at HSOC.

I hereby agree that if I am injured in the course of my volunteer activities and unable to give my consent, HSOC may administer treatment that it deems necessary or appropriate and/or may summon appropriate medical assistance. I hereby release and forever discharge HSOC, its officers, directors, employees and other volunteers from any claim that may arise on account of any first aid, treatment or service rendered to me in connection with my volunteer activities at HSOC.

I hereby grant and convey to HSOC all right, title and interest in any and all photographic images or video or audio recordings made by HSOC in the course of my volunteer activities and consent to the use of same at HSOC's discretion.

I understand and agree that this Release and Waiver of Liability discharges HSOC and its officers, directors, employees, other volunteers, successor and assigns from any liability or claim that I may have with respect to any bodily injury, personal injury, illness, death or property or other damage that may result from my activities at HSOC, whether or not caused by the negligence of HSOC or its officers, directors, employees or other volunteers. I also understand that HSOC does not assume any responsibility for or obligation to provide any financial assistance or other assistance to me, including but not limited to providing any medical, health, or disability insurance.

This Release and Waiver of Liability is governed by the laws of the State of Ohio and is intended to be as broad and inclusive as permitted by such laws. If any part of this Release and Waiver of Liability is held to be invalid or otherwise unenforceable, the remaining provisions will continue to be valid and enforceable.

I hereby certify that, unless otherwise indicated below, I am at least eighteen years of age and I am freely and voluntarily signing this agreement. I have read this form and understand that by signing it I am giving up legal rights and remedies.

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER

\_\_\_\_\_  
DATE

(The following must be completed if volunteer is under eighteen years of age): I hereby certify that I am the parent or legal guardian of the minor volunteer named above. I consent to the minor volunteer's activities as a volunteer at HSOC and I hereby agree on behalf of the minor volunteer to all of the terms of this Volunteer Release and Waiver of Liability.

PARENT/GUARDIAN NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS (if different): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE