

Indiana County Humane Society
Volunteer Application Form
IUP Students, Sororities, Fraternities, IUP Organizations

Date _____ Name _____

Age _____ Date of Birth _____ *Under 18 must have parental signature.

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Previous Volunteer Experience _____

Special Skills _____

If you are volunteering as part of a group, fraternity, or sorority:

Name of Organization _____

Number of hours you anticipate volunteering this semester _____

What area(s) of volunteering are you interested in serving?

_____ Office assistant/Data Entry

_____ Cat Socialization

_____ Dog Walking

_____ Humane Education

_____ Fundraising/Special Events

_____ Newsletter

_____ Public Relations/Advertising/Photographer

_____ Transporting (locally)

_____ Animal Care/Kennel Attendant

_____ Transporting (long distance)

Do you prefer working with: _____ Dogs _____ Cats _____ Both

Time(s) available to work:

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

In case of emergency, notify _____

Home Phone _____ Work Phone _____

I hereby agree to release and hold harmless the Indiana County Humane Society Animal Shelter from and against any and all liability and/or obligations for any injury or damage to any person or property and from any cause of action, claim or demand whatsoever that may arise from my participation as a volunteer. By signing below, I agree that I have read and thoroughly understand this agreement and intend to be legally bound hereunder.

Signature of Volunteer _____

Signature of Parent/Guardian (if applicable) _____

Waiver of Liability
And Agreement to indemnify

The undersigned acknowledges that he/she desires to handle animals, hereinafter collectively referred to as HANDLING, at the Indiana County Humane Society, a Pennsylvania non-profit corporation, hereinafter referred to as the ICHS. The undersigned further understands and acknowledges that certain risks may be associated with such Handling.

In consideration of being permitted to perform such Handling at the ICHS, the Undersigned, for himself/herself and his/her heirs and representatives voluntarily and knowingly executes this document and expressly waives any and all rights claims and causes of action including, without limitation, those involving bodily injury or property damage to the Undersigned or to the Undersigned's family or property while the undersigned is engaged, directly or indirectly in performing such Handling, whether or not caused by the negligence of the ICHS, its officers, directors, agents, or employees.

In further consideration of being permitted to perform such Handling at the ICHS, the Undersigned hereby agrees to indemnify, defend and hold the ICHS, its officers, directors, agents and employees harmless from and against any and all liability, damage, loss, cost, and expense incurred as a result of any claim, demand, or cause of action, brought against the ICHS, its officers, directors, agents, or employees, jointly or individually, for bodily injury or property damage suffered as a result of the Undersigned's negligent, reckless or willful act or omission in the performance (or failure to perform) of such Handling.

The Undersigned has read and fully understands the contents of this Waiver of Liability and Agreement to Indemnify. This Waiver of Liability and Agreement to Indemnify shall continue in full force and effect until terminated in writing and in the event of such termination shall remain applicable to all matters occurring or first arising on or before the date of such termination regardless of such termination.

Witness

Signature of Handler

Date

Address

City/State/Zip

Phone#

PARENT OR LEAGAL GUARDIAN
(Of Persons 17 years of age or younger)

As a parent or legal guardian of the above named person, I hereby give consent for my child or ward as the case may be, to handle animals at the Indiana County Humane Society and by my signature below, join in and agree to be bound by the terms and conditions of the Waiver of Liability Agreements to Indemnify as of this date.

Parent or Legal Guardian

OFFICE USE ONLY

___ e-mail sent

___ app entered