

# Indiana County Humane Society Volunteer Application Form

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Date \_\_\_\_\_ Name \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Special Skills \_\_\_\_\_

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, it's officers, directors, agents, or employees.

In further consideration of begin 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