



# Volunteer Application

Ross County Humane Society  
 2308 Lick Run Road  
 Chillicothe, OH 45601  
 Phone: 740-775-6808  
 www.rosscountyhumanesociety.org

Please complete the entire application

Today's Date	<i>For office use only</i>	
First Name	Last Name	
Address	City	Zip Code
Home Phone	Work Phone	Cell Phone

E-Mail Address		
Date of Birth	Check here if you are under 18 years of age _____	
If under 18, name of parent or guardian	Parent/Guardian's Home Phone	Parent/Guardian's other phone

<b>Parental Consent - Required if you under the age of 18 years old</b>		
I hereby give permission for _____ to participate in the <b>Ross County Humane Society</b> Volunteer program. In addition, I agree to the terms and conditions of the <b>Tetanus Waiver Statement</b> included in this application.		
Parent/Guardian Signature: _____		Date: _____

Applicant's Driver's License Number	State	Expiration Date
Applicant's Employer		
Employer's Address	City	Zip
Work Hours	Work Duties	

Education (Highest Grade Completed; Training/Degree)
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**Tetanus Waiver Statement**

I understand that because I will be handling animals, it is important to be vaccinated against tetanus. I agree to take responsibility for assuming my protection from risk and release the **Ross County Humane Society** from any liability.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Emergency Notification**

Name		Relationship
Address	City	Zip
Home Phone	Work Phone	Cell Phone

Name		Relationship
Address	City	Zip
Home Phone	Work Phone	Cell Phone

**References**

Please list two non-family references whom we might contact

Name		Relationship
Address	City	Zip
Home Phone	Work Phone	Cell Phone

Name		Relationship
Address	City	Zip
Home Phone	Work Phone	Cell Phone

**Experience with animals**

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**What experience do you have with pets? Are you a current pet owner? If yes, what kind?**

**Language skills**

**If volunteering for a service or school requirement indicate project name, required hours, supervisor's name and phone number.**

**Do you have any special skills that would be beneficial to the animals or the shelter?**

**Why do you want to volunteer at the shelter?**

**What kind of activities would you like to become involved with?**

Walk / Socialize dogs

Kennel Care / cleanup

Grooming

Adoption Events

Fund Raising

Other \_\_\_\_\_

Transport

Office Work /Computer Skills

Marketing

Community Outreach

Foster Care

**Availability**

Please indicate the days and times you are usually available to volunteer.

**Check Day / Indicate Hours**

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday



## Ross County Humane Society Waiver and Release of Liability

In order to be permitted to volunteer at the Ross County Humane Society, I agree to release Ross County Humane Society, it's employees, board members, agents, volunteers, and/or officers from any and all liability claims, demands, damages, judgements, and costs arising from death or personal injury to myself or damage to my property suffered or sustained by me as a direct or indirect result of my participation as volunteer, including claims for alleged negligence. I understand and acknowledge that:

1. I am responsible for reading, understanding, and complying with all safety procedures at Ross County Humane Society.
2. The activities related to volunteering at Ross County Humane Society, such as providing for and handling animals, involve a potential risk of injury and Ross County Humane Society will not be responsible for any injuries to me or my property.
3. I am responsible for obtaining vaccinations at my own cost and understand that the Ross County Humane Society animals may have diseases as ringworm, rabies, and tetanus.
4. I volunteer with the permission of Ross County Humane Society and will stop and leave the Ross County Humane Society if instructed to do so by any representative of Ross County Humane Society or any Ross County Dog Warden Official.
5. I have medical insurance to cover the cost of any illness arising from volunteering at Ross County Humane Society. I acknowledge that any medical attention that may be needed arising from any injury or damage that I may sustain during my time working in a volunteer capacity will not be reimbursed financially by Ross County Humane Society.
6. In the event of an emergency, I give Ross County Humane Society and/or Ross County Dog Warden my permission to call an ambulance and/or seek medical attention if they so feel necessary, which does not create any right or expectation for reimbursement for any such costs.
7. I am not an employee of Ross County Humane Society or Ross County Dog Warden and am not entitled to benefits of Workers' Compensation Insurance.
8. Ross County Humane Society have the right to use my name, likeness, or creative works in connection with, or arising out of, my volunteer activities.

It is understood and agreed that this Waiver and Release of Liability is binding on me and my heirs, distributees, legal representatives or assignees. I certify and represent that: (a) I have read and understood this Waiver and Release of Liability, (b) I am over the age of eighteen or have obtained the consent of my parent(s) and/or guardian(s), and (c) I am capable of signing this Volunteer Waiver and Release of Liability.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(Volunteer)

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(Parent/Guardian of Volunteer)