



Humane Society of Schuyler County Volunteer Application

Applicant Information:

Full Name: _____ Today's Date: _____

Street Address: _____ Date of Birth: _____

City, State, Zip: _____ Day Phone: _____

Evening Phone: _____ Other Phone (cell, work, etc): _____

*Email Address: _____ Occupation: _____

***Most Humane Society correspondence is via e-mail. Please provide an e-mail address if possible.**

About You:

Do you have any previous shelter or rescue experience? yes no

If yes, please supply the name and location of the shelter/rescue and the type of work you performed.

In what areas of the organization would you like to participate?

About how many hours per month would you plan to volunteer?

0-10 10-15 15-20 20-25 25+

What days/times?

Weekdays Weekends Morning Afternoon Evening

Are you comfortable dealing with people? yes no

Will you be comfortable handling animals for people? yes no

Are you comfortable relating HSSC policy to customers? yes no

Volunteer Application (continued)

Do you have any special skills that you believe would benefit the organization? If so, what?

Why do you want to volunteer at the Schuyler County Humane Society?
Mandatory community service? School requirement? Personal interest? Other?

About the Animals:

With what type of animals do you have experience? Please check all that apply. (Note: previous experience is not necessary.)

- | | | | | | |
|----------------------|--------------------------|------------|--------------------------|----------------------------|--------------------------|
| Large breed dogs | <input type="checkbox"/> | Adult cats | <input type="checkbox"/> | Exotics (chinchilla, etc.) | <input type="checkbox"/> |
| Large breed puppies | <input type="checkbox"/> | Kittens | <input type="checkbox"/> | Ferrets | <input type="checkbox"/> |
| Small breed dogs | <input type="checkbox"/> | Birds | <input type="checkbox"/> | Rabbits | <input type="checkbox"/> |
| Small breed puppies: | <input type="checkbox"/> | Reptiles | <input type="checkbox"/> | Rodents | <input type="checkbox"/> |

Other:

Do you have specific breed experience with dogs? Which breeds?

Do you have specific breed experience with cats? Which breeds?

Do you currently have any pets? If so, what kind?

Are all pets in the home spayed and neutered?

yes no

Are all pets in the home current on vaccinations?

yes no

*Thank you for completing our volunteer application. Please email, fax, post, or deliver your application to Humane Society of Schuyler County, 124 Marina Dr., Montour Falls, NY 14865 Phone: 607-210-2600 Fax: (845) 501-3211
Email: info@schuylerhumane.org*



Volunteer Hold Harmless Agreement

Humane Society of Schuyler County, Inc.
124 Marina Drive, Montour Falls NY 14865
607-210-2600

I fully understand and agree to assume all risks involved in any and all duties that I perform for the Humane Society of Schuyler County, Inc. in my volunteer capacity, and I agree to hold the Humane Society harmless for any injury(s) which I might sustain during the course of my volunteer duties.

I agree to release the Humane Society of Schuyler County, Inc. from any liability, and agree to hold harmless the Humane Society of Schuyler County Inc.'s agents, volunteers, employees, trustees or directors for any injuries or damages I may incur, including but not limited to physical injuries and/or property damage, resulting from having chosen to work with the Humane Society of Schuyler County, Inc. I hereby assume all the risks associated with my involvement in the HSSC, whether it be as an animal caretaker or as a participant, observer, worker or volunteer, for any and all injuries, both physical and mental, including any damages that I may sustain, either real, actual or personal. This waiver hereby binds my family members, my estate, and/or executor/executrix of my estate forever from seeking any legal action against the Humane Society of Schuyler County and its representatives, due to any injuries or damages incurred as a result of my participation in the HSSC.

Signature of Volunteer

Date

Print Name of Volunteer

If Volunteer is a Child, Parent or Legal Guardian's Signature

Date

Print Name of Parent or Legal Guardian

Address

Telephone