



## VOLUNTEER APPLICATION

“To compassionately and responsibly create  
a more humane world for animals.”

NAME \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS

(home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMPLOYMENT STATUS / SCHOOL \_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER IN THIS PROGRAM? \_\_\_\_\_

AVAILABILITY: Choose days of the week that you are available and write in the hours available  
(any hours between 10am-5pm)

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Weds \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

I am interested in volunteering at:

In the shelter

Adoption Events

Fundraisers

PLEASE LIST TWO PERSONAL REFERENCES WHO WE MAY CONTACT:

REFERENCE #1:

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

YOUR RELATIONSHIP \_\_\_\_\_

REFERENCE #2

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

YOUR RELATIONSHIP \_\_\_\_\_

Tell us about any skills or experience that you think may be helpful as a volunteer.

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(over →)

**VOLUNTEER AGREEMENT & RELEASE**

My services to the Winnie Berry Humane Society of Angelina County are provided strictly in a voluntary capacity as a volunteer and without any express or implied promise of salary, compensation or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, worker's compensation accrual in any form, vacations or sick time.

I will familiarize myself and comply with the Society's policies and procedures applicable to volunteers. In particular, I fully understand the Society expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a volunteer. I will follow the policies, procedures, and safety precautions of the Society, and follow the instructions / directions of the staff of the Society. I understand the Society without notice or hearing may terminate my services as a volunteer at any time, with or without reason.

I understand the potential safety risks of working with animals and of bringing home illnesses from the shelter to personal pets. I will practice reasonable health hygiene and adhere to the hygiene policies of the Society. I am covered by a health insurance plan, and I am current on my tetanus vaccination. I will not bring unapproved guests or family to the Society while I am on duty.

I understand the handling of animals and other volunteer activities on behalf of the Society may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, and my heirs, personal representative and assigns, I hereby release, discharge, indemnify and hold harmless the Society and its directors, officers, employees and agents from any and all claim, causes of actions and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities on behalf of the Society. This might include costs, attorneys' fees and court cost incurred by the Society in connection with my services based on damages or injuries which may be incurred or sustained by me in any way.

I understand public relations are an important part of a volunteer's activities on behalf of the Society. I hereby authorize the Society to use any photographs of me in its possession for public relations purposes.

**I ACKNOWLEDGE I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS RELEASE AND I WILL COMPLY WITH THE SAME.**

DATE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WINNIE BERRY HUMANE SOCIETY REPRESENTATIVE \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN FOR THOSE UNDER 18 YEARS OF AGE**

As a parent or legal guardian of the above-named volunteer, I hereby give my consent to allow my child / ward to volunteer for the Society. I have read the above Volunteer agreement and Release and fully understand and agree to all terms and conditions.

DATE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_