



Volunteer Application

Name: _____ Are you 18 or older? _____

Address: _____ City/Zip: _____

Work Phone: _____ Home Phone: _____

Cell: _____ Email: _____

Emergency Contact Person _____ Phone #: _____

Do you suffer from any medical restrictions that would prohibit you from performing the functions of this position? _____

Have you had a tetanus shot within the past seven years? No ___ Yes ___ Date: _____

Previous volunteer experience: _____

I hereby authorize the Humane Society of the Lakes (HSL) to seek emergency medical treatment in case of accident, injury or illness. By participating in the HSL volunteer program, I agree to hold harmless the Humane Society of the Lakes and any employee and/or member of the Board of Trustees of said agency from any liability arising in conjunction with my participation in a HSL volunteer program.

Volunteer Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Required for volunteers under 18 years of age)

ONLY CHILDREN AGE 12 AND OVER MAY VOLUNTEER FOR HUMANE SOCIETY TASKS

How often would you like to volunteer _____

Which days/hours would you be available _____

Would you be available for weekends/holidays _____ Please list which ones _____