



OGEMAW COUNTY HUMANE SOCIETY
VOLUNTEER APPLICATION

NAME _____
 First Middle Last

DATE ___/___/___

ADDRESS: _____
 Number Street City MI Zip

HOME PHONE: (___) ___-____ CELL (___) ___-____

EMERGENCY CONTACT: _____ PHONE: (___) ___-____

Are you at least 16 years of age? _____ Yes _____ No

Describe any previous experience you have working with animals.

Please indicate the times you would be available to work:

ALMOST ANY TIME _____	MONDAY _____
TUESDAY _____	WEDNESDAY _____
THURSDAY _____	FRIDAY _____
SATURDAY _____	SUNDAY _____

Excluding a traffic violation, have you ever been convicted of a felony? _____ Yes _____ No

If yes, Please explain: _____

OGEMAW COUNTY HUMANE SOCIETY
VOLUNTEER AGREEMENT

In signing this agreement, I understand and agree to the following:

- I agree to have my tetanus vaccine up-to-date while volunteering.
- I agree to abide by the policies and procedures presented to me at the orientation.
- I understand that the Staff is in charge of the animals and the facility and as a volunteer I am to follow the rules and regulations set forth by the Shelter Managers.
- I will keep any and all information heard, read or otherwise confidential. I understand that if I release any information, I will be terminated as a volunteer from the OCHS.
- I understand the possible risks of bringing home communicable diseases to myself or my animals and vice versa. I acknowledge that the OCHS recommends that I have all of my personal pets' vaccinated against vaccines recommend by my veterinarian.
- I understand that I am not an employee of the Ogemaw County Humane Society.
- I understand that in handling animals and performing other volunteer tasks there exists a risk of injury including physical harm caused by the animals. I also recognize that I may come into physical contact with animals of unknown origin or questionable health history, and/or which have not been treated for diseases, which may be transmittable to humans or other companion animals.
- I understand that by choosing to handle animals, I may be scratched or bitten. I agree to report any such incidents, (including bites/scratches to myself, to customers at the shelter, or to any persons handling animals during pet visits) to the Shelter Managers so that the shelter may observe the animal.
- I agree to not act or represent myself as an official or representative of the Shelter during my time as a volunteer, except as specifically directed by the Shelter staff.

Date: ___/___/___

Signature: _____

Shelter Staff: _____