



## OGEMAW COUNTY HUMANE SOCIETY VOLUNTEER APPLICATION

Is this for: Volunteer \_\_\_\_\_ / Community Service \_\_\_\_\_ Are you a minor 16 or under Yes No

**Please print**

NAME \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number Street City State Zip

HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email Address \_\_\_\_\_

\*Please note: There is no smoking allowed on the Ogemaw County Humane Society Property.

Is there any chance you may be pregnant? \_\_\_\_\_

Describe any previous experience you have working with animals.  
\_\_\_\_\_

Please indicate the times you would be available to work:

ALMOST ANY TIME \_\_\_\_\_ THURSDAY \_\_\_\_\_  
MONDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_  
TUESDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_  
WEDNESDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_

### Volunteer Interest

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fundraiser                         | <input type="checkbox"/> Outside     | <input type="checkbox"/> Animal Care |
| <input type="checkbox"/> Office Help                        | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Cats        |
| <input type="checkbox"/> Photography                        | <input type="checkbox"/> Other       | <input type="checkbox"/> Dogs        |
| <input type="checkbox"/> Pop Cans collection<br>and returns | Interest _____                       |                                      |

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 Consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them.***

1. I will abide by the mission, rules, regulations, policies, and programs of Ogemaw County Humane Society (OCHS) while I am a volunteer.
2. If I stop being a volunteer for OCHS for any reason or upon OCHS's request at any time, I will promptly return OCHS's supplies, equipment, records, money, and other items.
3. I assume the risks of being bitten, scratched, injured, or frightened by animals in connection with my volunteer work for OCHS. OCHS is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities, unless they are a result of OCHS's gross negligence or intentional misconduct. I will indemnify, defend, and hold OCHS harmless from and against any claims, lawsuits, injuries, damages losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for OCHS, or my breach of OCHS rules regulations, policies and programs.
4. I understand and agree that OCHS may refuse volunteer applications for any reason.
5. If I will be sheltering or providing foster care or boarding of any of OCHS's animals in my home or business, I consent to OCHS's visiting my home or business from time to time to observe the animals, and their living conditions.
6. I have accurately and truthfully completed this volunteer and application agreement.

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Date: \_\_\_\_\_

## **APPLICANT REPRESENTATIVE**

## **Ogemaw County Humane Society**

\_\_\_\_\_  
Applicant's Name (Please print)

\_\_\_\_\_  
OCHS Representative (Print Name & Title)

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

\_\_\_\_\_  
OCHS Representative Signature

\_\_\_\_\_  
Street

Notes:

\_\_\_\_\_  
City State Zip Code

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_