

Humane Society of the Ohio Valley -- Volunteer Application

volunteer coordinator. Shelter Manager- Steve Herron manager@hsov.org

coordinator use
 casual
 animal care
 transport
 trades
 stewards SMART

name	emergency contact
address	
city	ADULT'S date of birth
email addy	home tel.
	cell

*Multiple children do not need to complete separate forms.
One waiver signature covers all children accompanied by you.*

What tasks do you enjoy? Will you serve on a committee?

accounting <input type="checkbox"/> computer work <input type="checkbox"/> fundraising <input type="checkbox"/> journalism <input type="checkbox"/> organization <input type="checkbox"/> animal grooming <input type="checkbox"/> dog walking <input type="checkbox"/> kennel cleaning <input type="checkbox"/> litter box cleaning <input type="checkbox"/> painting <input type="checkbox"/> driving van <input type="checkbox"/> grant writing <input type="checkbox"/> committee chair <input type="checkbox"/> creativity <input type="checkbox"/> marketing <input type="checkbox"/> adoptathons <input type="checkbox"/> chauffeuring <input type="checkbox"/> maintenance <input type="checkbox"/>	spay/neuter comm. <input type="checkbox"/> membership comm. <input type="checkbox"/> animal rescue comm. <input type="checkbox"/> volunteer comm. <input type="checkbox"/> building grounds comm. <input type="checkbox"/> shelter operations comm. <input type="checkbox"/> humane education comm. <input type="checkbox"/> avail morning <input type="checkbox"/> avail afternoon <input type="checkbox"/> avail evening <input type="checkbox"/> avail weekends <input type="checkbox"/> avail weekdays <input type="checkbox"/> avail special events <input type="checkbox"/> DOG foster <input type="checkbox"/> CAT foster <input type="checkbox"/>	education <input type="checkbox"/> experience paragraph <input type="checkbox"/> employment paragraph <input type="checkbox"/> criminal history <input type="checkbox"/>	<div style="border: 1px solid black; height: 60px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 100px;"></div>
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When are you available to work?

Are you able to provide temporary foster care for shelter animals?

Have you been convicted of a misdemeanor or felony in the last 7 years? If yes, please explain details.

waiver signature Y N

ADULTS -- Please read and sign the waiver below:

In consideration of HSOV accepting my application for participation in HSOV programs, I agree to release and hold harmless HSOV from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in HSOV's programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, no matter how minor, that I will complete a Volunteer Injury Report form and seek any necessary medical attention utilizing my own medical insurance. I agree that HSOV may photograph my participation in this program, and I hereby release any such photographs to HSOV for use in its programs, publications and purposes. Signature: _____

PLUS

ADULTS WITH MINOR CHILDREN participating -- Please read and sign the waiver below:

I agree to the above waiver of liability PLUS agree to the following: I give permission for my child to participate in the volunteer program at the HSOV. I release and hold harmless the HSOV, its agents, and employees, from responsibility or liability arising out of my child's participation. I understand there are certain risks inherent in dealing with animals. I certify that my child is covered under my health insurance policy should injury take place while volunteering or participating and I will be responsible for his/her medical bills. I agree to the above parental consent statement. Adult w children signature: _____