



Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Age:

_____ Under the age of 16, must volunteer with parent or guardian

_____ 16 to 17, must have signed permission from parent or guardian

_____ 18 or older

Emergency Contact: _____

Name	Phone	Relationship
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Are you volunteering for court ordered community service? _____ Yes _____ No

Have you been convicted of a crime that involved an animal? _____ Yes _____ No

Please check volunteer opportunities that you are interested in.

_____ Dog Grooming _____ Dog Walking _____ Cleaning Dog Kennels

_____ Office Help _____ Cat Cuddling _____ Cleaning Cat Cages

_____ Laundry _____ Adoption Events _____ Advertising

_____ Web Site _____ Taking pictures _____ Fundraising Activities

Please list any training, experience, or education in animal care and welfare, including your own pets:

Please list any other volunteer experience that you have:

List any other skills (animal or non-animal related):

REFERENCES:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Thank you for applying to volunteer with the Morristown Hamblen Humane Society. In signing this application, I understand and agree:

- To attend all required training and to abide by the MHHS Volunteer Program policies and procedures (provided at orientation)
- To follow written and oral directives from MHHS staff
- That I can be terminated from the volunteer program at any time
- To give MHHS permission to use photographs or video footage of my volunteer activities should it benefit the volunteer program or the organization
- To a 6 month commitment of at least 4 hours per month of volunteer activity
- To show a copy of my driver's license or identification to verify age, if requested
- That if I am under 16, I must have a parent or guardian who is an approved MHHS volunteer in attendance while volunteering at all times.

Signature of Volunteer (18 or over)

Date

Signature of Parent or Guardian (if Volunteer is under 18)

Date

INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS

I, _____, wish to be a volunteer with MHHS. I recognize that I will be exposed to the routine risks of dealing with animals, which could include property damage, personal injury, and/or bodily injury. For and in consideration of permission to be a volunteer, I agree to release, forever discharge, and hold harmless Hamblen County, the City of Morristown, its officers, officials, employees, and agents from any liability or claim of liability which might arise out of my volunteer activities.

Signature of Volunteer (18 or over)

Date

Signature of Parent or Guardian (if Volunteer is under 18)

Date

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As Volunteer or the Parent/Guardian of a Minor Volunteer, I, _____, authorize qualified emergency medical personnel, including a physician and staff, to examine myself (volunteer), or the above-named minor child in the event of injury, and to administer any emergency care or treatment deemed necessary. In the case of a minor child, a reasonable effort will be made to contact the Parent/Guardian prior to any treatment. I agree to be responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

Signature of Volunteer (18 or over)

Date

Signature of Parent or Guardian (if Volunteer is under 18)

Date

PARENT/GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY - REQUIRED IF VOLUNTEER IS UNDER 18 YEARS OLD

As Parent/Guardian, I, _____, hereby grant permission for the above-named minor child to participate in volunteer activities. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury. On behalf of myself and the Minor Volunteer above, I agree to assume the liability and obligations referenced above and to release and forever discharge Hamblen County, the City of Morristown, its officers, officials, employees, and agents from any liability or claim of liability arising out of the Minor Volunteer's activities.

Signature of Volunteer (18 or over)

Date

Signature of Parent or Guardian (if Volunteer is under 18)

Date