

Volunteer Application



Date: _____

Name: _____

Phone: Hm. _____ Wk. _____ Other _____

Physical and mailing address: _____

E-mail: _____

Age if under 18: _____ Parent Name: _____ Phone: _____

Special skills and/or experience: _____

Do you have any allergies or physical or medical problems that would restrict the type of work you do?

Yes _____ No _____

If yes, please explain: _____

Reason for Volunteering:

Personal _____ Community Service _____ School Related _____

If Applicable

Number of hours needed: _____ by what date? _____

If school related, name of school: _____

Teacher/Advisor: _____ Phone: _____

If court ordered, name of Probation Officer: _____ Phone: _____

Amount of Time You Are Able to Volunteer

Weekly _____ Monthly _____ Special Events _____

Please note any preferences or restrictions for date/time: _____

Signature: _____ Date: _____

- Please be aware that we may not have a specific volunteer task, or animal, available at the volunteer's preferred time & day.

Staff Use Only

Staff Member Name: _____

Notes:

Gastineau Humane Society Photo Release and Volunteer Waiver



GHS has my permission to use my photo for publication purposes with no reimbursement.

Yes _____ No _____

I, the undersigned understand that my participation in any of the volunteer categories is strictly on a volunteer basis, and therefore no insurance against bodily harm is provided to me. I agree to release from liability Gastineau Humane Society (GHS) a non-profit organization from any and all injuries or damages incurred during my participation in any program.

Print your full legal name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

- **If you are under 18 years of age, please have your parent or legal guardian sign also.**

Parent/Guardians full legal name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardians Signature _____ Date _____

- **If you carry personal insurance that would cover you in case of an accident, please let us know the company.**

Company _____

GHS Representative initial _____