

HUMANE SOCIETY OF KANDIYOHI COUNTY
HAWK CREEK ANIMAL SHELTER

ADULT VOLUNTEER FORM

I hereby waive and release any and all rights and claims for damages, liability, cost and expense against the Humane Society of Kandiyohi County, any shelter employee, or shelter volunteer, arising out of my participation in the volunteer program at the Hawk Creek Animal Shelter or any function sponsored by the Humane Society of Kandiyohi County

Signature

Date

Printed Name _____

Mailing Address _____

City _____ Zip _____

Phone (H) _____ (C) _____

Email Address _____

Are you involved with a Scout Troop, Civic Group or Group Home coming in with a young volunteer? No___ Yes___

Are you with any type of adult program or organization coming in with other adults? No___ Yes___

If yes, which group? _____

Emergency Contact _____ Phone # _____

OVER

HSKC/HCAS VOLUNTEER INFORMATION

Age Range (under 12)____(13-17)____ (18-30)____ (31-50)____
(50 +)_____

VOLUNTEER PREFERENNCES

___ DOG WALKING

___ MENTOR

___ CAT ROOMS

___ GROOMING

___ DOG TRAINER

___ FOSTER CARE

___ SHELTER CARE

___ VAN DRIVER

___ OFFICE WORK

___ WEBSITE

___ SPECIAL EVENTS

___ VOLUNTEER TRAINER

___ FUNDRAISING

___ GRANT WRITING

___ OTHER: PLEASE LIST _____

AVAILABILITY

CIRCLE YOUR CHOICE

MON TUES WED THURS FRI SAT SUN

MORNINGS AFTERNOONS EVENINGS

OTHER: SEASONAL ON CALL DROP IN INACTIVE ONE TIME VISIT

SPECIAL SKILLS OR
LIMITATIONS _____

TRAINING DATE _____ TRAINER _____

HUMANE SOCIETY OF KANDIYOHI COUNTY
HAWK CREEK ANIMAL SHELTER

YOUTH PERMISSION FORM

PARENTAL OR GUARDIAN APPROVAL & RELEASE

I, _____ AM THE PARENT OR

GUARDIAN OF _____. I HEREBY APPROVE MY CHILD'S ENTRY INTO THE HSKC/HCAS YOUTH VOLUNTEER PROGRAM. I HAVE RECEIVED AND REVIEWED THE VOLUNTEER HANDBOOK AND ALSO AGREE TO ABIDE BY THE TERMS HEREIN. ALL INFORMATION PROVIDED IN THE APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I, FOR MYSELF AND FOR MY CHILD, HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES, LIABILITY, COST AND EXPENSES AGAINST THE HUMANE SOCIETY, ANY SHELTER EMPLOYEE, STAFF OR OTHER VOLUNTEER, ARISING OUT OF MY CHILD/WARD'S PARTICIPATION IN THE YOUTH VOLUNTEER PROGRAM. I AGREE TO TRANSPORT OR ARRANGE TRANSPORTATION FOR MY CHILD TO AND FROM THE HSKC/HCAS. I HAVE PROVIDED AN EMERGENCY NAME AND PHONE NUMBER IN THE EVENT I AM UNABLE TO BE REACHED.

PARENT/GUARDIAN'S SIGNATURE

DATE

PLEASE PRINT:

PARENT OR GUARDIAN'S NAME

(H) _____ (C) _____ (W) _____
PHONE

EMAIL ADDRESS-PLEASE PRINT

EMERGENCY CONTACT

THEIR PHONE #

YOUTH FORM

I, _____, UNDERSTAND THE RULES LISTED IN THE HSKC/HCAS VOLUNTEER HANDBOOK AND AGREE TO OBEY ALL POLICIES AND PROCEDURES OF THE HSKC AND HCAS. I UNDERSTAND THAT I MAY BE REMOVED FROM THE PROGRAM IF I DO NOT FOLLOW THE RULES.

NAME

AGE

PHONE

ADDRESS

CITY

ZIP

EMAIL ADDRESS-PLEASE PRINT

NAME OF SCOUT TROOP, CHURCH GROUP, GROUP HOME, SCHOOL OR OTHER ORGANIZATION I AM VOLUNTEERING WITH.

TRAINING DATE _____ TRAINER _____

OVER