



DATE OF APPLICATION _____

NAME _____ AGE*must be 18 yrs or older _____ DOB _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ E-MAIL _____

DRIVER'S LICENSE # _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ HOSPITAL CHOICE _____

*Do you have any allergies that might affect your work at MCHS? _____

*Date of last tetanus inoculation _____ (Attach a copy to application)

*Do you have any family or friends that work here currently? YES ___ NO ___ If so, whom _____

What is your preferred day/time to volunteer? _____

Some of our programs require that you use your own vehicle:

Do you have a valid driver's license? YES NO

Is the vehicle covered by liability insurance? YES NO

Are you willing to transport animals or donations in your vehicle? YES NO

Please number the top three activities below that interest you the most, with #1 being of the highest interest to you.

- _____ Clerical Help _____ Community Outreach _____ Special Events
_____ Photography/Videography _____ Walking Dogs _____ Bathing Cats and Dogs
_____ Fostering Animals _____ Cleaning Kennels/Dog areas _____ Cleaning Feline areas

How did you hear about the MCHS volunteer program? _____

What made you interested in volunteering at MCHS? _____

What special skills, training, or hobbies do you have to offer as a volunteer for MCHS? _____

How would you like to use these skills to help MCHS through volunteering? _____

Have you ever volunteered before? _____ If so, for what organization(s)? What was your role?

Are you still volunteering there? _____ If not, why did you leave the organization?

Tell us about any companion animals in your life. _____

I confirm that all information supplied on this application is true and correct.

Signature _____ Date _____



VOLUNTEER RELEASE FORM

I, _____, hereby agree to accept a position as a volunteer worker for the McCracken County Humane Society, hereinafter referred to as MCHS, and in so doing, I agree to comply with all of the rules and regulations which may be established from time to time by MCHS. I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind and without liability of any nature on behalf of MCHS. All services to be performed by me are at my own risk.

I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury including but not limited to physical harm caused by the animals and/or transference of disease by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless MCHS, its agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney fees incurred by MCHS in connection with the same, based on the damage or injuries which may be incurred or sustained by me or any companion animal I may be in contact with in any way connected with my services or as a result of my services for MCHS, including but not limited to animal bites, accidents, disease, or injuries.

DATE _____

VOLUNTEER _____

I, _____, understand that public relations is an important part of volunteering at the McCracken County Humane Society. On behalf of myself, my heirs, personal representatives and executors, I agree that the MCHS may use any photographs, videos, or other images taken of me for use in public relations efforts. I also agree to not post anything on social media pertaining to MCHS animals or procedures without the consent of MCHS management.

DATE _____

VOLUNTEER _____