



Volunteer Application

Today's Date / /

Last Name	First Name	Date of Birth
Street Address	City	State/Zip
Daytime/evening Phone	Cell Phone	Email Address
Emergency Contact Name and Phone Number	Occupation	Name of School (if under 18)

**Our animal shelter is primarily operated by volunteers. We take pride in the work we do and would like to get to know you, why you want to volunteer, and how frequent you can help us make the animals' lives better while they are here. **

About You:

Do you have prior experience at a rescue/shelter? If so, where? What type of work did you perform?
Why do you want to volunteer with us? What do you hope to gain or contribute through volunteering?
Do you have companion animals of your own? Please list

How many hours do you think you can contribute a month? (Please circle)

1-10 hours 10-15 hours 15-20 hours 20-25 hours 25+ hours

What days are you available? (Mark "X" on the times you would like to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

What would you be interested in doing for us? You may check more than one

Adults 16+

- Exercising/socializing/training dogs
- Socializing and caring for cats/kittens
- Transporting animals to the vets
- Fostering animals
- Fundraising
- Public relations/marketing
- Grant writing
- Computer/data entry

Youth

- Help with fundraisers
- Collect bottles and cans for redemption
- Read to the cats/kittens
- Interact with cats/kittens
- Fill bones/kongs for dogs
- Make homemade dog treats

Hold Harmless Agreement

I agree to release the Horseheads Community Animal Shelter, Inc, from any liability, and agree to hold harmless the HCAS Inc.'s agents, volunteers, employees, trustees, or directors for any damages I may incur, including but not limited to physical injuries and/or property damage resulting from having chosen to work with the HCAS, Inc. I hereby assume all risks associated with my involvement with the HCAS, whether it be as an animal caretaker or as a participant, observer, worker, or volunteer, for any injuries, both physical and mental, including any damages that I may sustain, either real, actual, or personal. By reading and signing this agreement, this binds my family members, my estate, and/or executor/executrix of my estate forever seeking legal action against the Horseheads Community Animal Shelter and its representatives due to injuries or damages incurred because of my participation at HCAS.

Signature _____ Date _____

Parent/guardian consent for minor (18 years old and under)
