

# The Humane Society of Calloway County

607 Poplar Street, Suite A-1  
Murray, Kentucky 42071

Phone: 270.759.1884

[www.ForThePets.org](http://www.ForThePets.org)

Email: [humanesociety@murray-ky.net](mailto:humanesociety@murray-ky.net)

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## Volunteer Application

### CONTACT INFORMATION

Today's Date \_\_\_\_\_

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Email Address	

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Email Address	

### GENERAL INFORMATION

Do you have a valid driver's license?	Yes/No
Do you have access to a vehicle?	Yes/No
Do you have any allergies or physical conditions which might affect your volunteer work?	If yes, please describe.
What are your thoughts about spaying and neutering animals?	
What are your thoughts about euthanasia?(Putting animals to sleep)	
Do you have specific animal welfare interest	

### AVAILABILITY

Please indicate which hours you are available for volunteer assignments:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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## INTERESTS

Please indicate in which areas you are interested in volunteering:

Administrative/Clerical

Animal Shelter

Events

Field Work

Newsletter Production

Deliveries

Fundraising

Volunteer Coordination

## FOR MURRAY STATE UNIVERSITY STUDENTS:

If you are an MSU student, please complete the information below:

Major \_\_\_\_\_ Minor \_\_\_\_\_

Need hours for a course, scholarship, etc.? Please explain \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

## SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Please indicate any languages in which you are fluent.

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## PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

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## AGREEMENT & SIGNATURE

By submitting this application, I affirm that these facts are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (print)	
Signature	
Date	

## OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with us.

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## **VOLUNTEER WAIVER AND RELEASE FORM**

I, the undersigned, agree to release, discharge, indemnify and hold harmless the Humane Society of Calloway County, a non-profit Kentucky corporation with its principal place of business being located in Calloway County, Kentucky, its officers, directors, and employees for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, expenses and suits at law or in equity that arise out of my performing services for the Humane Society of Calloway County, its officers, directors, or employees.

I recognize that in handling animals while performing services for the Humane Society of Calloway County, there exists a risk of injury including, but not limited to, personal physical harm. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify, and hold harmless the Humane Society of Calloway County, its officers, directors, and employees for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, expenses connected with my services to the Society whether caused directly or indirectly by any negligence (active or passive) attributable to the Humane Society of Calloway County, its officers, directors, or employees.

I acknowledge that I have been advised and encouraged to consult with my physician regarding: tetanus vaccinations, rabies prophylaxis, and possible allergic reactions.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Waiver and Release that I agree and will comply with same.

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Volunteer's Signature / Date

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Volunteer's Name (please print)

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Parent/Guardian's Signature for volunteer under 18 years of age / Date

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Parent/Guardian's Name (please print)

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Signature of authorized HSCC representative / Date