

Humane Society of Greater Akron  
4904 Quick Road  
Peninsula, Ohio 44264  
330-657-2010 Fax 330-657-2947  
**Volunteer Application (rev 06-16-09)**

\*Volunteers must be at least 14 years old. A parent or guardian must accompany all volunteers under 16 years of age while working at the Humane Society of Greater Akron.

**Please print legibly**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work or Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Birth date (m/d/y): \_\_\_\_\_  
Emergency contact: Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Employment**

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, employers Name and Address:

Occupation: \_\_\_\_\_

Length of employment: \_\_\_\_\_

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide phone number: \_\_\_\_\_

**Volunteer / Background Information**

How did you hear about the HSGA volunteer program?

Have you ever volunteered at the HSGA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when?

Reason(s) for leaving?

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Do you have allergies, asthma, or any physical or psychological condition that would affect your volunteer work? \_\_\_\_\_ If yes, please explain:

How many hours would you like to volunteer?

Each week \_\_\_\_\_ Each month \_\_\_\_\_

Please mark your availability:

Morning (8-12) M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ Th \_\_\_\_ F \_\_\_\_ Sa \_\_\_\_ Su \_\_\_\_

Afternoon (12-4) M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ Th \_\_\_\_ F \_\_\_\_ Sa \_\_\_\_ Su \_\_\_\_

Evening (4-8) M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ Th \_\_\_\_ F \_\_\_\_ Sa \_\_\_\_ Su \_\_\_\_

\*Your volunteer experience is not limited to the described hours above.

Describe any past/present volunteer experience and length of time at organization:

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**Interests**

Please indicate which volunteer categories you are **most** interested in. Some of the positions may require additional training or time commitments.

**Check all which apply**

<input type="checkbox"/>	Dog: play pal	<input type="checkbox"/>	Cat: play pal	<input type="checkbox"/>	Administration
<input type="checkbox"/>	Dog: kennel support	<input type="checkbox"/>	Cat: kennel support	<input type="checkbox"/>	Events
<input type="checkbox"/>	Dog: foster parent	<input type="checkbox"/>	Cat: foster parent	<input type="checkbox"/>	Education
<input type="checkbox"/>	Dog: behavior training	<input type="checkbox"/>		<input type="checkbox"/>	PR/Publicity
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Cleaning	<input type="checkbox"/>		<input type="checkbox"/>	Art/Design
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	Donation Banks

**Special interests/talents** (e.g., grant writing) \_\_\_\_\_

Other:

Please explain any special skills, hobbies, or interests that would be beneficial to our organization \_\_\_\_\_

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Are you a donor of the Humane Society of Greater Akron?    \_\_\_Yes    \_\_\_No

## Statement of Agreement / General Release and Waiver

I am interested in serving as a volunteer for the Humane Society of Greater Akron. I am prepared to receive orientation, training and supervision in order to devote time to this organization. I will hold the Humane Society of Greater Akron harmless if I incur an injury while working as a volunteer.

WHEREAS, the undersigned volunteer (the "Volunteer") realizes that the Humane Society of Greater Akron ("HSGA") is a non-profit corporation serving animal life in Summit County, Ohio; and

WHEREAS, major concerns of HSGA include preventing and prosecuting animal cruelty and neglect cases, promoting animal welfare and conducting public education programs; and

WHEREAS, the HSGA shelter also provides a safe, temporary home for mistreated, abandoned or surrendered animals awaiting adoption; and

WHEREAS, it is unfortunate that some of the animals entering the HSGA shelter are victims of continuous abuse and/or neglect and as a result, their behavior is unpredictable;

NOW, THEREFORE in consideration of (i) the foregoing premises, (ii) Volunteer being allowed in the HSGA shelter and (iii) HSGA's reliance upon the execution of this waiver and release by Volunteer, Volunteer agrees as follows:

1. Volunteer assumes full responsibility for any and all injuries Volunteer may sustain while serving as a volunteer at the HSGA shelter or with respect to HSGA activities away from the shelter.
2. Volunteer assumes full responsibility for any and all medical costs associated with injuries sustained as a Volunteer, whether at or away from the HSGA shelter, subject to coverage under any medical insurance carried by Volunteer personally or by Volunteers employer.
3. The undersigned has/has not (strike one) medical insurance provided by the Volunteer or Volunteers employer. If Volunteer has indicated that the Volunteer has medical insurance, Volunteer agrees to provide a certificate of such medical insurance to HSGA upon request.
4. Volunteer hereby releases HSGA from any all claims for personal injuries while a Volunteer at the HSGA shelter or while performing volunteer activities away from the shelter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If you are under 18 please have your parent or guardian sign and date here)