



8177 Regent Parkway, Fort Mill, SC 29715 ~803-802-0902

VOLUNTEER APPLICATION FORM

Please complete and sign this Application and Waiver of Liability and submit them when you attend the New Volunteer Orientation. Individuals must attend an orientation before volunteering. **Orientations are held the 1st Saturday and 3rd Friday of each month at 10. Please dress appropriately for the weather and wear close-toed shoes.**

PERSONAL INFORMATION *(please print clearly)*

Name _____ Birthdate _____ Age _____ Today's Date _____

Street Address _____ City _____ State _____ ZIP _____

Email Address *(Print clearly)* _____

Home Phone _____ Cell Phone _____

Emergency Contact Person _____ Relationship _____ Phone Number _____

Will you be doing community service? ☐ Yes ☐ No Purpose _____ (Check in with HSYC Pet Coordinator)

VOLUNTEER OPPORTUNITIES *(check all that apply)*

I am interested in the following volunteer opportunities:

- | | |
|--|--|
| <input type="checkbox"/> Walking or socializing dogs | <input type="checkbox"/> Fundraising and special events |
| <input type="checkbox"/> Cat care and upkeep | <input type="checkbox"/> Helping at adoption sites |
| <input type="checkbox"/> Transport animals and participate in events | <input type="checkbox"/> Marketing / Publicity |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Community outreach / advocacy / speaker |
| <input type="checkbox"/> Trainer (must be certified) | <input type="checkbox"/> Grant writer |
| <input type="checkbox"/> Adoption assistant | <input type="checkbox"/> PAWSibilities Thrift Shop |
| <input type="checkbox"/> HSYC lobby receptionist | |

Experience, talents, or skills you are willing to share _____

NOTE: You can find more information about these volunteer opportunities in the Volunteer Handbook or ask a staff member. Some volunteer activities require additional training.

ACKNOWLEDGEMENTS *(please check)*

I acknowledge:

- ☐ that the information I have provided on the Volunteer Application Form is complete and accurate to the best of my knowledge;
- ☐ that I have completed the Waiver of Liability which must be signed by ALL Volunteers 18 years of age and older;
- ☐ that the Waiver of Liability **must be signed** by a parent or legal guardian for volunteers under the age of 18;
- ☐ that volunteers must be **16 years** of age to work directly with the animals unsupervised; and
- ☐ that volunteers younger than 16 years old **must be** accompanied by their parent or legal guardian at all times.

Volunteer's Signature _____ Date _____

Parent's/Guardian's Printed Name* _____

Parent's/Guardian's Signature* _____ Date _____

Guardian's Relationship to Volunteer* _____

**if volunteer is under the age of 18*

For Use By Office Staff Only: Orientation date _____ Additional training _____ Other _____ Rev. 03/2016



WAIVER OF LIABILITY

*All volunteers **must sign the Waiver of Liability** before participating in volunteer duties.
If the volunteer is under the age of 18, the volunteer's parent or guardian must sign the waiver.*

I, _____, as a volunteer service provider to the Humane Society of York County, hereby declare that I shall not hold the Humane Society of York County ("HSYC") liable for any illness, injury or disease I might contract or sustain while working in said capacity.

In addition, if I participate in an HSYC Sponsor or Foster Care Program, I agree and abide by the following conditions:

1. The animal(s) are the sole property of HSYC.
2. The animal(s) shall be returned to HSYC upon request or if I am no longer able to care for them.
3. I agree to follow all HSYC policies.
4. I understand that I do not have any right or authority to keep or place foster animals in other homes or with other individuals.
5. I understand that many viruses have an incubation period of 7 to 14 days, and I understand that I, my child(ren), and my own pet(s) may be at risk of contracting a contagious virus. I accept that risk and the responsibility of treatment if necessary at my own expense, myself, my child(ren), and for my own animal(s).
6. I agree to hold HSYC harmless from direct or consequential damages onsite at the animal facility, offsite in transport to/from/at events, and arising out of a foster care agreement.
7. I acknowledge that the information provided on the Volunteer Application Form is complete and accurate to the best of my knowledge.
8. I acknowledge that volunteers under the age of 16 must be accompanied by an adult at all times.

I understand that there are certain risks inherent in handling animals, and I accept those risks.

Volunteer's Signature

Print Name

Date

Parent / Guardian Signature*

Print Name

Relationship to Volunteer

*If volunteer is under the age of 18.

Please Remember

*Some of these animals have lost their trust in humans by being abused or abandoned.
You can help them regain their trust by offering love and attention.*