

CLERMONT COUNTY HUMANE SOCIETY
VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Home phone _____ Work phone _____ Cell _____

Email _____

Are you under the age of 18 years? YES NO

You may volunteer at 14 years if accompanied with a parent or guardian.

Employed? Where? _____ School? _____

How did you find out about the Clermont County Humane Society?

Areas of Interest: (please check)

Membership Solicitation _____ Humane Education _____ (weekdays)

Grant Applications _____ Pet Therapy _____ (weekdays)

Public Relations _____ Satellite Adoptions _____ (Saturdays)

Fundraising _____

In Shelter Services: (Requires an experienced CCHS Volunteer)

Dog Walking/Socializing _____ Cat/Kitten Socializing _____

What personal experience do you have with animals? _____

Emergency Contact: _____ Relationship? _____ Phone _____

May we use your information on our Volunteer Roster? Yes N

General Release: (In order to volunteer in any Clermont County Humane Society program, the following release must be signed.)

I hereby apply to volunteer for the Clermont County Humane Society (the "Society") to work on activities designated by the Society and/or Shelter staff.

I UNDERSTAND THAT WORKING WITH ANIMALS CAN BE A HAZARDOUS ACTIVITY AND THAT I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGERS INVOLVED.

I recognize that I may be directly handling animals from or in the Society's shelter and that animals by their nature are unpredictable and that contact with same can cause serious injury and deaths.

As herein provided, I agree the Clermont County Humane Society is not liable for any accidents/injuries which occur during participation as a volunteer for the Society. I hereby release and discharge the Clermont County Humane Society, its Agents, Managers, Directors, Employees and Assigns from any and all liability for any injury and/or property damage which may occur while participating as a volunteer except for the willful or wanton misconduct of the Society. I agree to indemnify and hold harmless the Society from any and all costs, damages, expenses or other amounts it may be caused to pay on account of any injury which I might suffer.

I understand that any mistreatment of animals involved will result in criminal charges being filed.

Signature _____ Date _____

Medical insurance carried with: Name of company _____

Policy number _____

Please return this application to: Attn: Volunteer Coordinator
Clermont County Humane Society
4025 Filager Road
Batavia, Ohio 45103
Phone: (513) 732-8854

We need you and the animals need us all