

HUMANE SOCIETY OF BARRON COUNTY, INC

1571 Guy Avenue • Barron, WI 54812 • Phone (715) 537-9063

Website - <http://www.hsbcshelter.com>

Volunteer Application

Name _____ Date _____

Address _____
Street City State Zip

Phone _____ E-Mail _____

Are you over the age of 18? (Y/N) _____

If not over the age of 18 a parent or guardian's permission and signature is required. (See Parental Consent form)

Availability for Volunteering (Please include specific times available and we also ask for a 2 hour a week commitment *if possible*)

Monday _____ Tuesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Would you be willing to be an **on-call** volunteer, where in the event of an emergency such as fundraising events, excess amounts of work in the shelter etc. we could contact you for help. (Y/N) _____ If yes please include primary phone number to contact you.
Phone: _____

Areas of Interest for Volunteering (Check all that apply)

Dog Kennel Cleaning Dog Socialization Fund Raising
 Cat Kennel Cleaning Cat Socialization Special Projects and Events
 Grooming and Bathing Office & Reception Community & Volunteer Outreach
 Pet Outreach (Following up with adopted pets)

Other Skills (Computer or typing skills, animal handling or care training such as nail clipping etc.) _____

Limitations to be considered when assigning volunteer duties (i.e. weight limit to lift, physical disabilities, allergies etc.) _____

To become a volunteer it is important that you attend a scheduled orientation which will cover a tour of the shelter, expectations and duties, safety precautions etc., and answer any questions you may have.

Thank You for your interest in the Humane Society of Barron County, Inc.

**Adult Volunteer
Inoculation and Acknowledgment Form**

As a volunteer with the Humane Society of Barron County, I realize the Humane Society does occasionally come into contact with animals that may be rabid or diseased. Instances of bites or other transfers of disease from animals to humans are rare; however they are possible.

While the Humane Society of Barron County may take precautions to insulate its volunteers from exposure to injury or disease, all volunteers are advised by the Humane Society to seek anti-rabies and anti-tetanus treatment from their own private physicians. The decision to seek such treatment is entirely within the discretion of the volunteer and need not be reported or disclosed to the Humane Society. In addition, should such treatment be requested and administered, any and all expenses incurred are the sole responsibility of the volunteer.

If there are any medical conditions that we should be aware of at the Shelter, please describe below: _____

My signature indicates that I understand that in handling animals for the Humane Society of Barron County Inc, in a volunteer capacity there exists a risk of injury or sickness, including personal injury or harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless HSBC Inc, its agents, officers and directors from any and all claims, causes of actions or demands, of any nature or cause connected with my Volunteer Agreement. This might include connection with my volunteer services based on damages that may be incurred or sustained by me in any way. Such damages might include, but are not limited to animal bites, accidents, injuries and personal property damage.

I, as a volunteer, have read the foregoing and do understand its contents.

Print Name: _____ DATE: _____

Signature: _____

HSBC Authorization Signature: _____