

722 IN Hwy 212 Michigan City, IN 46360 (219) 872-4499

DATE:			

WWW.MICHIANAHUMANESOCIETY.ORG

## **APPLICATION FOR VOLUNTEER STAFF:**

\*\* MUST BE 18 YEARS OLD

Volunteers play a critical role in the success of the MHS. Whatever your level of skill or experience, we may have the perfect opportunity for you!

## **VOLUNTEER INFO:**

NAME:				
ADDRESS:				
		STATE: ZIP:		
		[] WORK PHONE:		
		[] EMAIL:		
*PLEASE CHECK PREFERI				
Where do you work/stud	y?			
How many hours per wee				
Education level (circle las	t year completed) High Schoo	ol 1 2 3 4/College 1 2 3 4/Grad	uate 1 2 3 4	
How did you hear about	our volunteer program? [] Fa	cebook [] Website [] Other:		
-	· =	No If so, when		
		ur duties?		
	wilde were you			
		efore? Yes No Length of Service:		
Do you have any pets of			? YesNo	
health restrictions, trans	portation, etc.)  RGIES TO ANIMALS (OR AT A	oility for volunteer work? (i.e. f	ARE OF? YesNo	

## Please check any and all areas that are of interest to you!

SHELTER:	CLERICAL:
Cleaning Kennels Cage/Litter Box Cleaning Lost and Found Research and Phone Work Handy Work and Maintenance Recycling Greet the Public Socializing Animals	<ul> <li>Word Processing</li> <li>Phone Answering</li> <li>Typing, Copying, Mailing, Filing, etc.</li> <li>Phone Calls</li> <li>Assist Receptionist</li> </ul>
ADOPTIONS:  Counseling and Follow-up Making Adoption Packets Foster Care (In your home) Adoption Call Backs	SPECIAL EVENTS and FUNDRAISING  Community Outreach Events/Festivals/Fairs Literature Distribution Education Programs Humane Education School Visits Fundraising Events
MISCELLANEOUS:  Photography/Videography Graphic Design/Art Skills  What would you most like to do and why?	
TIMES YOU'RE AVAILABLE:  [] Mondays:  [] Tuesdays:  [] Wednesdays:  [] Fridays:  [] Saturdays:  [] Sundays:	Do you prefer AM or PM?

## **VOLUNTEER AGREEMENT:**

In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

- 1. I will abide by the mission, rules, regulations, policies, and programs of The Michiana Humane Society and SPCA while I am a Volunteer.
- 2. If I stop being a volunteer for The Michiana Humane Society and SPCA for any reason or upon The Michiana Humane Society and SPCA's request at any time, I will promptly return all of The Michiana Humane Society and SPCA's supplies, equipment, records, and other items in good, clean condition.
- 3. I assume the risk of being bitten, scratched, injured, or frightened by: cats, kittens, dogs, puppies, rabbits, guinea pigs, and any other species under The Michiana Humane Society and SPCA's care in connection with my volunteer work for The Michiana Humane Society and SPCA. The Michiana Humane Society and SPCA is not liable to me for any injuries, damages, liabilities, losses, judgments, costs, or expenses whatsoever which I might suffer or sustain in connection with the performance of my volunteer activities for The Michiana Humane Society and SPCA unless they are the result of The Michiana Humane Society and SPCA harmless from and against any claims, lawsuits, injuries, damages, losses, costs, or expenses whatsoever sustained by any companion animal or volunteer activities for The Michiana Humane Society and SPCA, or my breach of The Michiana Humane Society and SPCA's rules, regulations, policies, and programs.
- 4. I understand and agree that The Michiana Humane Society and SPCA may refuse volunteer applications for any reason.
- 5. If I will be sheltering or providing foster care or boarding of any of The Michiana Humane Society and SPCA's animals in my home or business, I consent to The Michiana Humane Society and SPCA visiting my home or business from time to time to observe the animals and their living quarters and level of care.
- 6. I have accurately and truthfully completed this Volunteer Application and Agreement.
- 7. Any modification to the agreement must be in writing, signed by both parties.
- 8. This agreement is binding between The Michiana Humane Society and SPCA, me, and The Michiana Humane Society and SPCA's and my respective heirs, successors, assigns, executors, and personal representatives.

Signed:		Date:	
In case of emergency, notify:			
Relationship:	Phone:		
Physician:	Phone:		