

VOLUNTEER APPLICATION

P.O. Box 49776
235 Wilbanks Circle
Greenwood, SC 29649
(864) 942-8775 (Adoption Center)
humane@gwdhumanesociety.org
www.gwdhumanesociety.org

Contact Information:		Date://
Last Name:	First Name:	
Street Address:		
City, State, Zip:	Main Phone Num	ıber:
Email:		
Employer:		
May we contact you at work? Yes	/ No Work Phone:	
Date of Birth: (mm/dd/yyyy)/		
In Case of Emergency:		
Name:		
Relationship:		
How did you learn about the Huma	ne Society of Greenwood?	
We all enjoy helping animals. What	is your special reasoning for vo	lunteering with us?
What other animal organizations ha	ave you been associated with?	
Tell us about other volunteer exper	ience you've had.	

	Tell us about any special skills that you have. (Foreign languages, dog training, computer skills, etc.)											
Do	Do you have experience working with animals? Yes / No - Please describe. Education: Highest level of school completed: Are you currently enrolled? Yes / No Areas of study or degree?											
Hi Ar Ar												
Times Available to Work Monday Tuesday		Tuesday	Wednesday		Thursday Friday			Saturday	Sunday			
	,	,			,	,		•	•			
Ar	Grooming, w socializing do Cleaning ani areas Cleaning offi public areas Laundry Training new Technical su design, competc.)	ocializing cats valking, or ogs mal living/playing ices, kitchen, v volunteers pport (Website puter experience, elephone duties networking, rees, etc.) newsletters,		Fun Gra Eve Boo Eve Pho and Pub Faci Gar mai Pet reso Foo	ributing flyers, etc. draising nt writing nt management oth set up for event nt staffing tography rking with children, students lic presentation/ec lity maintenance/r dening/grounds ntenance transporting- even cues, etc. d and supplies asportation	s , teens, ducation epair		Sewing and cra Recruitment of financial suppo members Trash drop-off Mentor for vol Petsmart even Data entry	f volunteers, orters, board lunteers			
	Current Pets:											
טכ	Do you have pets at home? Yes / No If so, what kind?											

Are they Vaccinated? Yes / No Are they spayed or neutered? Yes / No

Do you have any physical, medical or psychological limitations that might hinder you from participating in any area of our Volunteer Program? Yes / No If yes, please explain:								
References:	References:							
Name	Address	Telephone						
Date of Orientation Attended://								
As a volunteer for the Humane Society of Greenwood (HSOG), I understand and agree to the following:								
 Volunteers shall abide by the safety rules, regulations, policies and procedures of the HSOG. Volunteers shall work at HSOG at their own risk. Volunteers hereby indemnify and hold harmless HSOG for any damage, injury, illness or casualty resulting from their work on the premises of HSOG or in related work concerning HSOG. Volunteers shall not behave in a manner which causes harm or stress to the animals. Any reckless action will result in the volunteer immediately being escorted off of the premises. HSOG shall not be liable in any manner or form for the negligence or lawful acts of the volunteers. All of the information I provided in the application is true and correct. If any of the information changes, I will advise you promptly. If any information is false, I forfeit the right to be accepted as a volunteer with the Humane Society of Greenwood. 								
Volunteer Signature		Date						
Parent or Guardian Sign	Date							

Date

HSOG Representative