

## **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:	, State, Zip: Main Phone Number:							
Email:								
	Title Position:							
May we contact you at work? Yes /	No Work Phone:							
Date of Birth: (mm/dd/yyyy)/_	<i></i>							
In Case of Emergency:								
Name:								
	Phone:							
How did you learn about the Humane	Society of Greenwood?							
We all enjoy helping animals. What is	your special reasoning for volunteering with us?							
What other animal organizations hav	e you been associated with?							
Tell us about other volunteer experie	nce you've had.							

Tell us about any special skills that you have. (Foreign languages, dog training, computer skills, etc.)									
Do you	have	experience wo	orking with	n ani	imals? Yes /	No - Please	des	scribe.	
Education:  Highest level of school completed:  Are you currently enrolled? Yes / No  Areas of study or degree?									
Times Available to Work:  Monday Tuesday		Wedneso	Wednesday Thursda		Friday		Saturday	Sunday	
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□ Groo socia □ Clear areas □ Clear publi □ Laun □ Train □ Tech desig etc.) □ Assis (Follo telep □ Assis	oming, soming, wilizing doning aning office areas dry ming new mical surgh, comput t with took ups, whone tr t with n	ocializing cats valking, or		Fun Gra Eve Boo Eve Pho Wo and Pub Faci Gar mai Pet reso Foo	cributing flyers, etc. draising nt writing nt management of set up for event nt staffing stography rking with children, students elic presentation/ecdening/grounds ntenance transporting- eventues, etc. d and supplies asportation	s , teens, ducation epair		Sewing and cra Recruitment of financial suppo members Trash drop-off Mentor for vo Petsmart even Data entry	f volunteers, orters, board lunteers
<b>Curren</b> t			Yes / No	o l	f so, what kinc	l?			

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:							
Name	Address	Telephone					
Date of Orientation Attended:/							
As a volunteer for the Humane Society of Greenwood (HSOG), I understand and agree to the following:							
<ul> <li>Volunteers shall abide by the safety rules, regulations, policies and procedures of the HSOG.</li> <li>Volunteers shall work at HSOG at their own risk.</li> <li>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.</li> <li>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.</li> <li>HSOG shall not be liable in any manner or form for the negligence or lawful acts of the volunteers.</li> <li>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</li> </ul>							
to be accepted as a vo	lunteer with the Humane Society of Greenwood.	•					
Volunteer Signature		Date					
Parent or Guardian Sign	nature (if volunteer is under 14)	Date					

Date

**HSOG** Representative