



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 Number: _____

Email: _____

Employer: _____ Title Position: _____

May we contact you at work? Yes / No Work Phone: _____

Date of Birth: (mm/dd/yyyy) ___/___/___

In Case of Emergency:

Name: _____

Relationship: _____ Phone: _____

Tell Us About Your Decision to Volunteer:

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 have you been associated with?

Tell us about other volunteer experience you've had.

Tell us about any special skills that you have. (Foreign languages, dog training, computer skills, etc.)

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? _____

Times Available to Work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Areas of Interest:

- | | | |
|---|---|---|
| <input type="checkbox"/> Grooming, socializing cats | <input type="checkbox"/> Distributing flyers, etc. | <input type="checkbox"/> Sewing and craft making |
| <input type="checkbox"/> Grooming, walking, or socializing dogs | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Recruitment of volunteers, financial supporters, board members |
| <input type="checkbox"/> Cleaning animal living/playing areas | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Trash drop-off |
| <input type="checkbox"/> Cleaning offices, kitchen, public areas | <input type="checkbox"/> Event management | <input type="checkbox"/> Mentor for volunteers |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Booth set up for events | <input type="checkbox"/> Petsmart events |
| <input type="checkbox"/> Training new volunteers | <input type="checkbox"/> Event staffing | <input type="checkbox"/> Data entry |
| <input type="checkbox"/> Technical support (Website design, computer experience, etc.) | <input type="checkbox"/> Photography | |
| <input type="checkbox"/> Assist with telephone duties (Follow ups, networking, telephone trees, etc.) | <input type="checkbox"/> Working with children, teens, and students | |
| <input type="checkbox"/> Assist with newsletters, writing, and production | <input type="checkbox"/> Public presentation/education | |
| | <input type="checkbox"/> Facility maintenance/repair | |
| | <input type="checkbox"/> Gardening/grounds maintenance | |
| | <input type="checkbox"/> Pet transporting- events, rescues, etc. | |
| | <input type="checkbox"/> Food and supplies transportation | |

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:

- 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.
- I give HSOG permission to use photographs or video footage of my activities while participating as a volunteer.

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 Signature (if volunteer is under 16)

Date

HSOG Representative

Date

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENWOOD)

RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS, that I, _____, do hereby remise, release, acquit, and forever discharge **Greenwood County**, its respective heirs, agents, apparent agents, servants, employees, former employees, council members, and their heirs, successors and assigns, and all other persons, firms, governmental entities, and insurers, whether herein named or referred to or not, and who, together with the above named, may be liable to me, _____, of and from any and all claims, whether in tort and/or contract, demands, debts, rights, actions, causes of action, damages, costs, loss of service, and expenses and compensation of whatsoever nature, now existing or which may hereafter accrue, arising from or related to the volunteer work at the Greenwood County Animal Shelter.

This full and final Release shall cover and include, and does cover and include, any and all future damages not now known to any of the parties hereto, but which may later develop or be discovered, including the effects and consequences thereof, and including all causes of action therefor as against **Greenwood County**.

I, _____, further declare and represent that no promise, inducement, or agreement not herein expressed has been made to me, that this Release contains the entire agreement between the parties thereto, and that the terms of this Release are contractual and not a mere recital.

IN WITNESS WHEREOF, my hand and seal are hereunto set this _____ day of _____, 2016, in the presence of the witnesses named below.

I HAVE READ THE FOREGOING RELEASE OF ALL CLAIMS.

WITNESSES:

