



VOLUNTEER APPLICATION

Name: _____ Date: _____

Are you 18 or older? Yes No If less than 18, how old are you? _____

Address: _____ City: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Email: _____

Driver license No: _____ State: _____

Days Available: _____ Times Available: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone number: _____

Relationship: _____

Physician: _____ Phone number: _____

Do you have allergies: Yes No If yes, list: _____

List any medical conditions that might affect your ability to perform volunteer work.

EMPLOYMENT INFORMATION

Currently employed? Yes No If yes, where _____

Position: _____ Hours/week _____

Humane Society of Lincoln County
1718 Pulaski Hwy., Fayetteville, TN 37334
931-433-3726

VOLUNTEER APPLICATION (Continued)

Name: _____

Date: _____

Availability: Please check off the days and times when you might be available.

Mon. ___ Tues. ___ Wed. ___ Thur. ___ Fri. ___ Sat. ___ Sun. ___

Morning (9-12) ___ Afternoon (1-4) ___ Evening (4-7) ___

Please indicate any other availability restrictions you might have: _____

Possible volunteer duties: Please check off all that you are skilled at or might consider.

Computer ___ Social Media (Posting on Facebook, Twitter, etc., help with) ___

Photography ___ Video ___ Art (posters, fliers) ___ Writing ___ Office Help ___

Animal Care ___ Animal Training (walk on leash, simple commands) ___ Animal Socialization ___

Off Site Adoption Events _____ On Site Adoption Events _____

Shelter Cleaning ___ Shelter Maintenance _____

List any other skills or talents that you think might apply: _____



VOLUNTEER LIABILITY RELEASE

The undersigned, in acting as a volunteer for the Humane Society of Lincoln County, hereby releases the Humane Society of Lincoln County, its agents, officers, servants and employees of and from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or relating to any loss, damage, or injury that may be sustained by the undersigned or any of the property undersigned.

The undersigned further agrees to indemnify and save harmless the Humane Society of Lincoln County, its agents, officers, servants and employees from any and all liability which may hereafter be brought against the Humane Society of Lincoln County by or on behalf of the undersigned.

The undersigned hereby acknowledges the risk inherent in the handling of animals, domesticated or wild, and hereby willingly accepts all such risks.

This release and indemnity shall be binding upon the undersigned, his/her, heirs, executors, administrators and assigns.

I agree to the conditions stated above

Signed _____

Printed name _____ Date _____

If the applicant noted above is 16 years old or younger, the signature of a parent/legal guardian is required below.

1. I verify that I am the parent/ legal guardian of the above-listed applicant who is 16 years old or younger.
2. I agree to the conditions stated above.
3. I understand that I must provide direct supervision of this applicant while he/she is volunteering for the Fayetteville/Lincoln County Animal Shelter.

Parent/ legal guardian:

Printed name _____

Signature _____

Address _____