



Hill Country Humane Society

VOLUNTEER APPLICATION

(Must be 17 years old)
(Or 12 years old if accompanied by an adult)

NAME: _____ DOB: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ CELL PHONE: _____

EMAIL: _____

EMPLOYMENT: _____ WK. PHONE: () _____

EMERGENCY CONTACT: _____ PHONE: () _____

DO YOU HAVE A VALID TEXAS DRIVER'S LICENSE? NO YES # _____

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME CAUSING HARM TO A PERSON OR ANIMAL? NO YES EXPLAIN: _____

DO YOU HAVE A PHYSICAL/EMOTIONAL CONDITION THAT MIGHT HINDER YOUR VOLUNTEER SERVICE, OR REQUIRE US TO PROVIDE YOU WITH EXTRA ASSISTANCE OR SUPERVISION? NO YES EXPLAIN: _____

ARE YOU AWARE THAT THE HILL COUNTRY HUMANE SOCIETY IS AN OPEN ADMISSION FACILITY, REQUIRING OUR STAFF TO EUTHANIZE AT TIMES?

PLEASE CIRCLE ANY OF THE VOLUNTEER POSITIONS THAT YOU ARE INTERESTED IN:

SOCIALIZING	BATHING/GROOMING	CATTERY CLEANING		
FUNDRAISING	PUBLIC RELATIONS	GRANT WRITING	PHOTOGRAPHY	
HOUSEKEEPING/LAUNDRY	HANDYMAN	TRANSPORTATION	YARDWORK	

WHAT DAYS AND HOURS DO YOU PREFER? _____

SIGNATURE: _____ **DATE:** _____

Background Check Done _____ Date _____



Hill Country Humane Society
VOLUNTEER RELEASE

I, _____, hereby agree to accept a position as a volunteer worker of the Hill Country Humane Society, and in so doing, I agree to comply with all of the rules and regulations established by the HCHS, and I understand that failure to do so may result in my immediate dismissal as a volunteer. As a volunteer, I agree to do my best to represent the HCHS to the public in an accurate and professional manner.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of the HCHS; all services to be performed at my own risk.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless HCHS, its agents, servants, and employees from any and all claims, causes of action, or demands of any nature of cause, including costs and attorney fees incurred by HCHS in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for HCHS including but not limited to animal bites, accidents, or injuries.

I understand that public relations are an important part of volunteering at HCHS. On behalf of myself, my heirs, personal representatives, and executors, I hereby allow HCHS to use any photographs taken of me for use in public relations efforts.

Signature

Date

Witness Signature

Date