

# VOLUNTEER APPLICATION

*Pulaski County Animal Shelter & Humane Education Center*

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

\_\_\_ I have a full time job  
\_\_\_ I have a part time job

I can realistically help \_\_\_\_ hours each week, during these days & times: \_\_\_\_\_.

\_\_\_ I am covered by health insurance with \_\_\_\_\_ company.  
\_\_\_ I do not have health insurance coverage\*

*\*If you do not have coverage, do you understand that expenses from possible injury will be paid by you personally and not by the humane society or Pulaski County, VA? \_\_\_\_\_*

Have you ever been investigated by Animal Control for any reason? \_\_\_\_\_  
Have you worked/volunteered with a humane society, shelter, or in animal care? \_\_\_\_\_  
If yes, please list organization(s) \_\_\_\_\_  
Is your involvement with the organization(s) listed above current? \_\_\_\_\_

**If I am accepted into the volunteer program, I agree to adhere to our procedures and policies, and all rules and regulations of Pulaski County. \_\_\_\_\_**

**I also understand that the behavior of domestic animals is at times unpredictable and that some domestic animals are capable of inflicting property damage, serious personal injury, and even death. I am well aware of the risks of handling domestic animals, and with such understanding, I hereby waive, release and forever discharge the Pulaski County Humane Society and the government and sheriff's office of Pulaski County, Virginia, its employees, agents or trainers, from any and all claims (whether present or future) arising out of the my participation in the Volunteer Program. \_\_\_\_\_**

Please rank the top 3 areas that interest you, with 1 being the area that interests you most:

- \_\_\_ Adoption – Greeter, counselor
- \_\_\_ Socialization/Training – Working with dogs and cats
- \_\_\_ Spay/Neuter – PCHS Spay Clinic
- \_\_\_ Education – Developing programs, youth
- \_\_\_ Financials – Deposits, Excel spreadsheet
- \_\_\_ Events – Planning, setup, advertising
- \_\_\_ Fundraising – Special events, raising \$
- \_\_\_ Office – Phone calls, emails, screen applicants
- \_\_\_ Marketing – Newsletter, publications
- \_\_\_ Other – Dog Banks, Shelter Display, Cartridge recycling

*We reserve the right to contact those listed on your application.*



**PULASKI  
COUNTY  
HUMANE  
SOCIETY**



P.O. Box 1046  
Dublin, VA 24084

(540)674-0089

pchsva@gmail.com  
www.pchsva.org

# VOLUNTEER LIABILITY RELEASE FORM

## Pulaski County Animal Shelter & Humane Education Center

Volunteers are an important part of the Pulaski County Humane Society and we welcome those who wish to participate in the Society's programs.

### Steps to becoming a volunteer at the Pulaski County Animal Shelter & Humane Education Center:

1. You must have an application on file and have attended our training class.
2. Anyone that will be volunteering must willingly sign this form.

Today's Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that as of today's date, I am over 18 years of age. **Initial:** \_\_\_\_\_

If under 18 but over 16 **Initial:** \_\_\_\_\_, I certify that my guardian\* will be with me at all times while I am volunteering at the shelter. **Initial:** \_\_\_\_\_

\*Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Vaccination of Outside Pets:** To protect outside pets from contracting any potential shelter diseases, and to prevent the shelter pets from developing illnesses from outside pets, I certify that all my personal pets or pets in a home that I frequent are, at a minimum, current on their rabies, distemper, bordetella, and parvo vaccinations. **Initial:** \_\_\_\_\_

**Release of Liability:** I fully understand that as a part of my volunteer work at the Pulaski County Animal Shelter and Humane Education Center, I will become in contact with animals either by direct handling or assisting in their care. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured. I also understand that I may be exposed to canine and/or feline illness and disease and that it is also possible that I could indirectly expose my own pets to such illness and disease. My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability the Pulaski County Humane Society, Pulaski County Animal Control, and their agents and assigns from all acts which are related to my performance of any and all volunteer duties.

**Photo Release:** I agree to allow pictures of myself to be used, without compensation, for the purpose of the promotion and publicity related to the Pulaski County Humane Society or Shelter.

**Signature:** \_\_\_\_\_

**Guardian's Signature:** \_\_\_\_\_

**Advisory:** You are strongly urged to have a current tetanus vaccination to protect yourself should you be cut, scratched or otherwise injured in such a way that tetanus infection could threaten your health.

**I have read this and have been advised.** **Initial:** \_\_\_\_\_

**Medical Release:** In case of emergency, I authorize the Pulaski County Humane Society to arrange emergency medical treatment after attempting to notify the contacts listed below. List 2 personal contacts below.

**Signature:** \_\_\_\_\_

	<i>Name</i>	<i>Phone Number</i>	<i>Relationship To You</i>
1	_____	_____	_____
2	_____	_____	_____

**Thank you for your interest in volunteering. We look forward to working with you!**



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