



VOLUNTEER APPLICATION

Thank you for your interest in The Humane Society and Animal Rescue of Muskegon County. **If you are under the age of 16 your parent or guardian will need to be present with you while volunteering.**

Please contact the volunteer coordinator with any questions at 231.773.8689 or email volunteers@muskegonhumanesociety.org.

Section 1: Personal Information

Last Name:	First Name:	Date of Birth:
Address:	City:	Zip:
Email Address:	Home Phone:	Cell Phone:

Have you been convicted of a felony within the last 7 years?

Yes ___ No ___ If yes, please explain conviction: when, where and disposition: _____

Have you ever volunteered with The Humane Society and Animal Rescue of Muskegon Co. (or any other shelter/rescue) before? _____ If yes, when and with whom? _____

Section 2: Emergency Contact

Last Name:	First Name:	Relationship:
Home Phone:	Cell Phone:	Work Phone:

Section 3: License

Do you have valid driver's license and car insurance? Yes ___ No ___

Full name on license: _____

DL#: _____



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Section 4: Areas of Interest

*Please "X" all areas of interest.

VOLUNTEER OPPORTUNITY:	*INTEREST:	VOLUNTEER OPPORTUNITY:	*INTEREST:
Foster Parent		Events	
Transportation		Bank Routes	
Petsmart (cat kennels)		Dog Kennel Team	
Cat Room Team		Dog Training Team	

Section 5: Volunteer Shirt or Sweatshirt

***VOLUNTEER SHIRTS SHOULD BE WORN AT ALL TIMES DURING YOUR VOLUNTEER SERVICE.**

\$15 for T-shirt

T-Shirt Sizes-XS, S, M, L, XL, XXL, XXXL quantity _____ \$ _____

*Please do not send any money now. Your shirts will be available for purchase at your orientation or will be ordered. We accept check, card, or cash (cash must be exact, change can't be made.)

Section 6: Volunteer Waiver

I authorize The Humane Society and Animal Rescue of Muskegon County (HSAR) the right to use my name, photograph, video or other image, and those of any minor named below, on whose behalf I am signing, for marketing, public relations and/or educational purposes. I authorize HSAR the right to use the name or image described above in print or other media. I understand that HSAR reserves all rights to use, publish, or distribute information or other images without seeking any further permission from me.

Date: _____

Applicant _____

Date: _____

Signature of parent/legal guardian (required if applicant is under 18 years of age) _____

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Section 7: Tetanus Waiver

HSAR feels it is important for all volunteers to have a tetanus vaccination. I release HSAR from all responsibility of any accidents that may occur and understand whatever decision I make is at my own risk.

I HAVE READ AND AGREE TO THE ABOVE WAIVER.

Applicant

Date: _____

Signature of parent/legal guardian (required if applicant is under 18 years of age)

Date: _____

VOLUNTEER RELEASE AND COVENANT NOT TO SUE

I am a volunteer at The Humane Society and Animal Rescue of Muskegon County (HSAR). I am aware that working as a volunteer for HSAR involves risk of personal injury. I ASSUME FULL RESPONSIBILITY FOR ANY INJURIES OR DAMAGES THAT MAY OCCUR TO ME AS A RESULT OF MY PRESENCE AT HSAR. I ACKNOWLEDGE THAT MY SAFETY IS MY RESPONSIBILITY AND NOT THE RESPONSIBILITY OF HSAR, OR ANY OF THEIR SUBCONTRACTORS, AGENTS, OFFICERS OR EMPLOYEES, AND THAT THEY SHALL NOT BE LIABLE FOR INJURIES OR DAMAGE SUSTAINED BY ME ARISING OUT OF MY PARTICIPATION. I agree to follow all rules and procedures. As a volunteer, I understand that I will not be paid or entitled to benefits of any kind, and that I am not covered under any Worker’s Compensation law. I agree that I am not a third party beneficiary of any agreement, and on behalf of my family, heirs and administrators, hereby fully and forever release HSAR, and their respective officers, employees, agents, and subcontractors of any and all actions, suits and claims from any and all injuries, related to, my participation in volunteer activities. I understand and agree that this release and covenant not to sue is intended to cover not only all injuries, losses and damages which may be apparent, but any and all future injuries, losses and damages which may later develop or be discovered.

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AFTER CONSULTING OR HAVING HAD THE OPPORTUNITY TO CONSULT WITH COUNSEL, I KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A TRIAL IN ANY ACTION OR PROCEEDING OF ANY DISPUTE REGARDING THIS RELEASE AND COVENANT NOT TO SUE. I UNDERSTAND THAT I WILL NOT BE PERMITTED TO VOLUNTEER AT HSAR IF I DO NOT SIGN THIS RELEASE AND COVENANT NOT TO SUE. I AGREE TO THE TERMS OF THIS RELEASE AND COVENANT NOT TO SUE, AND ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF ITS TERMS.

Date: _____

Applicant

Parent/Guardian (of Volunteers 18 years of age and younger): As a parent/guardian of the above named volunteer, I give consent for my child or ward, to become a volunteer for The Humane Society and Animal Rescue of Muskegon County as described in the above Volunteer Agreement and by the signature below agree to be bound by the conditions of this release.

Date: _____

Signature of parent/legal guardian (required if applicant is under 18 years of age)

OFFICE USE ONLY

SECTION A: APPLICATION

Date received: _____ Mail Fax E-mail In Person

Notes: _____

SECTION B: ORIENTATION

Shirt _____ Manual _____ Waiver _____

Orientation Date: _____



ACKNOWLEDGEMENT OF RECEIPT

The undersigned, a volunteer of The Humane Society and Animal Rescue of Muskegon County, acknowledges that he/she has received a copy of the volunteer manual and policies.

Date:_____

Volunteer Signature:_____

Signature of parent/legal guardian if under 18 years of age:_____

Name Printed:_____

Date of Birth:_____

Address:_____

City:_____ State:_____

Zip Code:_____

Phone:_____

Email:_____