

# Little Traverse Bay Humane Society--Volunteer Application



**PLEASE READ:** All prospective volunteers are subject to approval by the Volunteer Coordinator. Volunteers who meet the needs of the Little Traverse Bay Humane Society (LTBHS) will be chosen for service. **You must be over eighteen (18) to volunteer without a parent or guardian's supervision.**

**Parents/Guardians MUST monitor and accompany their children in each room while in the facility.** All Volunteers need to wear appropriate clothing and shoes for the volunteer work they agree to perform. LTBHS reserves the right to refuse volunteer work to anyone who does not qualify or meets the needs of the shelter.

**STEPS** to becoming a volunteer: (1) Complete this form; (2) Interview with the Volunteer Coordinator & tour the facility; (4) Schedule your first volunteer appointment & begin your volunteer assignment.

Comm. Service Vol. School C/S Volunteer Orientation Complete  <b>Staff Initials:</b> _____ <b>Date:</b> _____
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\_\_\_\_\_  
 Adult Volunteer Name (please print)      Date of Birth-(Optional)      Drivers License Number

\_\_\_\_\_  
 Youth Volunteer Name (please print)      Date of Birth      Age

\_\_\_\_\_  
 Youth Volunteer Name (please print)      Date of Birth      Age

\_\_\_\_\_  
 Youth Volunteer Name (please print)      Date of Birth      Age

\_\_\_\_\_  
 Mailing Address      Street Address (if different)

\_\_\_\_\_  
 City      State      Zip

\_\_\_\_\_  
 Home phone      Work phone      Cell phone      Email

Please list any experience or skills that you feel could benefit the LTBHS: \_\_\_\_\_

Do you have any restrictions we should know about? \_\_\_\_\_

Do you currently own Dogs or Cats? Yes/No    If so, what breed(s)? \_\_\_\_\_

What types of jobs are you interested? Please check [√] all that apply:      Volunteer Coordinator Assistant/Greeter Dog Walker      Cat Comforter      Kennel Assistant      Office Assistant (Mailings)      Special Event Volunteer What day(s)/times(s) are you available to work? _____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____
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### Waiver and Release of Liability

I, the undersigned, Volunteer or Parent/Guardian of a Volunteer, hereby acknowledge that I and the above named children am/are volunteer(s) with the Little Traverse Bay Humane Society. I hereby understand and agree that in the event I or one of the children whom I bring to the Little Traverse Bay Humane Society premises or grounds become injured, sick or otherwise temporarily or permanently disabled that I will not hold liable, nor will I sue, the Little Traverse Bay Humane Society, its Board of Directors, Executive Director or any of the Little Traverse Bay Humane Society's employees. I hereby specifically fully release and discharge the Little Traverse Bay Humane Society from all claims, actions and lawsuits, which I/we have or may have, which may arise out of my/our volunteer work at the Little Traverse Bay Humane Society, or by reason of being on the premises or performing any related function for the Little Traverse Bay Humane Society. **I have read, understand and hereby agree to the Waiver of Release and Liability as above written.**

Adult Volunteer/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A Volunteer for every job, not a job for every Volunteer***