

THE HUMANE SOCIETY OF CAMDEN COUNTY, INC.  
Volunteer Questionnaire

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

If you are currently a student, where? \_\_\_\_\_

If you are currently employed, where? \_\_\_\_\_

Previous volunteer activity:

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Describe any experience you have had with animals.

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Skills, hobbies or knowledge in a particular field i.e., lawn care, carpentry, medical, accounting, secretarial, etc.

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I am interested in the following volunteer positions:

"Shelter Volunteer":

\_\_\_\_\_ Animal care, dog walking, grooming, cleaning, greeter  
(Note: Volunteers working at the Shelter are scheduled by the Shelter Volunteer Coordinator and are under the direct supervision of the Shelter Manager and have separate guidelines and requirements.)

"Off Site Volunteer":

\_\_\_\_\_ Education Committee (schools and/or civic)  
\_\_\_\_\_ Fundraising Committee  
\_\_\_\_\_ Weekly photos of adoptable animals  
\_\_\_\_\_ Pet Therapy  
\_\_\_\_\_ Foster Care (Medical)  
\_\_\_\_\_ Foster Care (Hurricane)  
\_\_\_\_\_ Other: Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Junior Volunteer:** These volunteers are between the ages of 14 and 18. They must have written parental authorization to perform volunteer services. All Junior Volunteers working at the shelter are scheduled and under the direct supervision of the Shelter Manager. All Junior Volunteers working on "Off Site" volunteer events are scheduled and under the direct supervision of the Volunteer Coordinator.

**THE HUMANE SOCIETY OF CAMDEN COUNTY, INC.  
COVENANT AND RELEASE**

In consideration of Humane Society of Camden County, Inc., (HSCC) accepting my application for participation in HSCC programs, I agree to release and hold harmless HSCC from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in HSCC programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, no matter how minor, that advise the Shelter Manager and seek any necessary medical attention utilizing my own medical insurance.

(If you are a parent or guardian applying for a minor, you agree to the following:) I give permission for my child to participate in the volunteer program at the HSCC. I release and hold harmless the HSCC, its agents, and employees from responsibility or liability arising out of my child's participation. I understand there are certain risks inherent in dealing with animals. I certify that my child is covered under my health insurance policy should injury take place while volunteering or participating and I will be responsible for his/her medical bills.

In witness whereof, the undersigned volunteer executes and seals this instrument.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
If a minor, parent or guardian signature.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip code

Telephone Number: \_\_\_\_\_

In case of emergency notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

Acknowledged and witnesses before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Seal)