

Volunteer Application
Morgan County Humane Society

690 West Mitchell Ave
Martinsville, IN 46151
(765) 349-9177

Date _____

First Name _____ Last Name _____

Address _____ City _____ ZIP _____

Home Phone ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Email _____ Preferred method of contact _____

Emergency Contact Name _____ Phone Number _____

Please list any related experience _____

Have you attended the volunteer orientation? No _____ if yes, when _____

When are you available to begin volunteering? _____

Are you able to volunteer on holidays? _____

Are you able to volunteer on weekends? _____

Why would you like to volunteer for the Morgan County Humane Society? _____

Please list any volunteers, staff or board members you know at the MCHS? _____

Have you ever adopted from the shelter? _____

Please list any other animals groups you are affiliated with. _____

Do you have pets at home? If yes, please describe _____

Are all of your pets current on their vaccines? _____

Volunteer Opportunities Available

(Some age restrictions apply, volunteers must be at least 16, and under the age of 18 must be accompanied by a parent, guardian, or caretaker)

Circle all that you are interested in

Event Assistance: Special events & fund raising

Adoption Events: PetSmart on Saturday (packing totes, assisting at PetSmart), special adoption events

Administrative: Office & clerical work

Community Outreach: Public interactions, educational programs

Cats: Playing, holding, petting and spending time

Dogs: Walking, playing, bathing, making enrichment toys

Laundry: Washing, drying, folding, organizing, tearing sheets for transport cages

Yard Work: Pulling weeds, planting flowers, trimming, mowing

Building Maintenance: Repairs, upkeep

Cleaning: Cleaning common areas, lobby, offices, animal care areas

TNR Program: Trap/Neuter/Return program. Traps cats for neutering and returns to original home.

Other: Items not listed above that you would be willing to assist with. Please list:

I would like to volunteer:

Weekly _____ Monthly _____ This one time only _____ Whenever needed, just call _____

Other schedule not mentioned above _____

I can start on this date _____

Please provide 2 references:

Name _____ Phone _____

Name _____ Phone _____

Volunteer Orientations are conducted twice a month and applicants must attend a full session prior to commencing their volunteering. If you determine you are no longer interested in volunteering, or if you have any questions, please email our coordinator at mchumanesoc@gmail.com .

The MCHS appreciates your interest in the shelter. Thank you for caring for animals.

Release Statement: I, _____, hereby agree to accept a position as a volunteer worker for the Morgan County Humane Society (herein referred to as the MCHS), and in so doing, I agree to comply with all the rules and regulations which may be established by the MCHS, and I understand that failure to do so may result in my immediate termination as a volunteer.

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 MCHS, and all services performed by me 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 animals, including possible transmission of viruses or diseases to personal pets. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the MCHS, its agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause including costs and attorney's fees incurred by the MCHS 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 the MCHS, including, but not limited to, animal bites, accidents or injuries.

I understand that public education is an important function of the MCHS. On behalf of myself, my heirs, personal representatives and executors, I allow the MCHS to use any photographs taken of me for use in public education efforts.

Applicants Signature _____ Date _____

If between 16 – 18 years old: Parent/Guardian Signature _____

Print _____

OFFICE USE ONLY Orientation Scheduled on: Date _____ Completed on: _____

Notes: _____

Please submit your application by email to: mchumanesoc690@gmail.com

You may also mail/deliver it to the shelter address above.

Thank you