

**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 accompanied by a parent, guardian, or caretaker between the ages of 16 and 18)

**Circle all that you are interested in,** age requirements for different volunteer programs are indicated

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

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 submit an inquiry through our Contact Us page at [www.mchumanesoc.org](http://www.mchumanesoc.org).

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 under 16  
years old: Parent/Guardian Signature \_\_\_\_\_ Print \_\_\_\_\_

OFFICE USE ONLY Orientation Scheduled on: Date \_\_\_\_\_ Completed on: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Please submit your application by dropping it off at Morgan County Humane Society during open business hours.

Thank you