

# Humane Society of Rowan County

PO Box 295 Salisbury, NC 28145

704-636-5700 [www.humanesocietyofrowancountync.org](http://www.humanesocietyofrowancountync.org)

## Volunteer Application

Name \_\_\_\_\_

(Please Print)

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Retired \_\_\_\_\_ Student \_\_\_\_\_

Place of Employment/School \_\_\_\_\_

Interests: Food collection & distribution \_\_\_\_\_ Foster Care \_\_\_\_\_ Fundraising \_\_\_\_\_  
Newsletter \_\_\_\_\_ Posting flyers/information \_\_\_\_\_ Rescue \_\_\_\_\_  
Returning phone calls \_\_\_\_\_ Taking pictures of our animals \_\_\_\_\_  
Transporting animals \_\_\_\_\_

Past volunteer experience \_\_\_\_\_

Days Available Sun \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_  
Morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_

Please indicate your commitment: daily \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_  
(Due to the nature of our efforts, we need some volunteers who are willing to be "on call.")

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

As a volunteer, I am working at my own risk. By signing below, I am saying that I will not hold the Humane Society of Rowan County liable in the event of any injury or medical expense that may occur beyond what compensation might be offered by an authorized representative of the Humane Society of Rowan County.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for \_\_\_\_\_ (a minor) to volunteer with the Humane Society of Rowan County. If the youth is under 16 years of age, I understand that I or another parent/guardian/parental substitute will accompany the youth to perform volunteer service for the Humane Society of Rowan County.

Signature \_\_\_\_\_ Date \_\_\_\_\_