



## Humane Society of Johnson County

3827 North Graham Road  
Franklin, IN 46131  
317-535-6626 / fax: 317-535-7626  
WWW.HSJC.ORG



### Volunteer Application

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

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

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

City / State / Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Best Method to Contact You: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you are under 18 years old: Parent / Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**PLEASE NOTE:** Most of our volunteer opportunities are **“AS NEEDED”** and you will be notified if an opening becomes available. In the meantime, please select the position(s) that most appeal to you. All Pet Center volunteers must be at least 18 years of age. These positions include Office Assistance, Pet Center Cleanup, and Basic Cat Care/Socialization.

- \_\_\_\_\_ **Basic Cat Care/Socialization**
- \_\_\_\_\_ **Events/Fundraisers**
- \_\_\_\_\_ **Fostering Adoptable Pets**
- \_\_\_\_\_ **Maintenance/ Groundskeeping**
- \_\_\_\_\_ **Office Assistance**
- \_\_\_\_\_ **Pet Center Cleanup**
- \_\_\_\_\_ **Pet Food Pantry Assistance**
- \_\_\_\_\_ **Pets Alive Assistance**
- \_\_\_\_\_ **Photography**
- \_\_\_\_\_ **T-N-R Community Cats**

Please list any related skills, qualifications, or interests:

\_\_\_\_\_  
\_\_\_\_\_

Please tell us any health limitations you may have:

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Please list any other volunteer experience you have:

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Please list your work availability:

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In the event of an emergency, please list an emergency contact below:

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

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

### **Agreement & Signature**

Print your name: \_\_\_\_\_

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

### **Waiver/Release Statement**

I acknowledge the activity for which I have volunteered (myself or my child) could result in injury or accident to my person and/or damage to my personal property. In the event such injury or accident should occur, I give my consent for any necessary treatment. I agree to pay such usual charges for treatment to the healthcare provider. I discharge the Humane Society of Johnson County, its employees, officers, and/or any agent acting on its behalf from any liability for such injury that may result from my participation in any activity that I volunteered for. I understand that I am responsible for any damages to my person and/or personal property.

I further acknowledge that the Humane Society of Johnson County is a not-for-profit corporation. Any activity organized by the Humane Society of Johnson County or participated in on its behalf is strictly on a volunteer basis. The Humane Society of Johnson County is not liable for any injury to my person or property, and is not liable for any compensation for such damages.

I have read and examined this waiver/release. I understand the terms contained herein, and agree to all the terms, conditions and provisions.

\_\_\_\_\_  
**Volunteer**

\_\_\_\_\_  
**Signature of Parent if under 18 years of age**

\_\_\_\_\_  
**Date**