

PAWSibilities

Humane Society of Greater Akron

7996 Darrow Road * Twinsburg, OH 44087 * (888) LUV-THEM

hsga@summithumane.org

Volunteer Application

*Volunteers must be at least 14 years old. A parent or legal guardian must accompany all volunteers under 16 years of age while working at the Humane Society of Greater Akron.

PLEASE PRINT LEGIBLY

Name:	Date:
Address:	
City/State:	Zip Code:
Home #:	Work or Cell #:
Email:	Birth date:
Emergency Contact Name:	
Relationship:	Phone #:

EMPLOYMENT

Are you presently employed? YES NO

Employer:	Dates Employed: From: To:
Address:	Phone #:
Occupation:	May we contact you at work: YES _____ NO _____

VOLUNTEER/BACKGROUND INFORMATION

How did you hear about the HSGA volunteer program?

Have you ever volunteered at HSGA? YES NO

If yes, when? _____

Reason(s) for leaving: _____

Have you ever been convicted of a crime? YES NO

Statement of Agreement

General Release and Waiver

I am interested in serving as a volunteer for the Humane Society of Greater Akron. I am prepared to receive orientation, training and supervision in order to devote time to this organization. I will hold the Humane Society of Greater Akron harmless if I incur an injury while working as a volunteer.

WHEREAS, the undersigned volunteer (the "Volunteer") realizes that the Humane Society of Greater Akron ("HSGA") is a non-profit corporation serving animal life in Summit County, Ohio and;

WHEREAS, major concerns of HSGA include preventing and prosecuting animal cruelty and neglect cases, promoting animal welfare and conducting public education programs; and

WHEREAS, the HSGA shelter also provides a safe, temporary home for mistreated, abandoned, or surrendered animals awaiting adoption; and

WHEREAS, it is unfortunate that some of the animals entering the HSGA shelter are victims of continuous abuse and/or neglect and as a result, their behavior is unpredictable;

NOW, THEREFORE in consideration of (i) the foregoing premises, (ii) Volunteer being allowed in the HSGA shelter and (iii) HSGA's reliance upon the execution of this waiver and release by Volunteer, Volunteer agrees as follows:

1. Volunteer assumes full responsibility for any and all injuries Volunteer may sustain while serving as a volunteer at the HSGA shelter or with respect to HSGA activities away from the shelter.
2. Volunteer assumes full responsibility for any and all medical costs associated with injuries sustained as a Volunteer, whether at or away from the HSGA shelter, subject to coverage under any medical insurance carried by Volunteer personally or by Volunteer's employer.
3. The undersigned has/has not (circle one) medical insurance provided by the Volunteer or Volunteers employer. If Volunteer has indicated that the Volunteer has medical insurance, Volunteer agrees to provide a certificate of such medical insurance to HSGA upon request.
4. Volunteer hereby releases HSGA from any all claims for personal injuries while a Volunteer at the HSGA shelter or while performing volunteer activities away from the shelter.

Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____

(*If Volunteer is under 18 a parent or guardian signature is required.)