

# Application for Volunteer Placement

**Check one that applies to you:**

- Adult(Age 18 and above)
- Student Volunteer (Age 15 to 17) A parent/guardian must assist you in completion of your application. Must Be accompanied by adult.
- Jr. Volunteer (Age 10 to 15) An adult must go through the application process with you and accompany you when volunteering at the animal shelter or other enclosure.



**5900 Bells Ferry Rd.  
Acworth GA 30102  
678-735-2349**

**Application Process:**

1. Complete Application Packet
2. Attend Volunteer Orientation within 1 months of applying
3. Interview & Shift Scheduling
4. Complete Training
5. Begin Volunteering!

**Today's Date:** \_\_\_\_\_

<b>Identification</b>	Last Name	First Name	Date of Birth
T-Shirt Size:	Mailing Address:		
	Email Address: _____		
	Home Phone Number:	Cell Phone Number:	
Please be as complete as possible in your answers throughout this application.	Please include the name of an individual to contact <b>in case of emergency:</b>		
	Name		Relationship
	Home Phone	Work Phone	Cell Phone
<b>Experience</b>	<b>Please list your previous volunteer experience:</b>		
Name of Agency and Location	To/From (dates)	Contact Person's Name	Phone

<b>Areas of Interest</b>	<input type="checkbox"/> Animal Care <input type="checkbox"/> Groomer <input type="checkbox"/> Foster Care <input type="checkbox"/> Marketing / Fundraising <input type="checkbox"/> Special Events <input type="checkbox"/> Photographer <input type="checkbox"/> Meeting Organizer	<input type="checkbox"/> Pet Store Adoption Day Worker <input type="checkbox"/> Adoption Counselor <input type="checkbox"/> Office Support, Data Entry, Phones
<p style="background-color: yellow;">In order of preference (first choice, second choice, etc.), write the numbers in the box to select the areas of interest to you.</p>		

Available Schedule	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/> 7:00 -10:00	<input type="checkbox"/> 7:00 -10:00	<input type="checkbox"/> 7:00 -10:00	<input type="checkbox"/> 7:00 -10:00	<input type="checkbox"/> 7:00 -10:00	<input type="checkbox"/> 7:00-10:00	<input type="checkbox"/> 8:00-12:00
Afternoon	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00	<input type="checkbox"/> 12:00-3:00
Evening	<input type="checkbox"/> 3:00-8:00	<input type="checkbox"/> 3:00-8:00	<input type="checkbox"/> 3:00-8:00	<input type="checkbox"/> 3:00-8:00	<input type="checkbox"/> 3:00-8:00	<input type="checkbox"/> 3:00-8:00	<input type="checkbox"/> 3:00-8:00

<b>Waiver</b>	<p>Include your initials and today's date within the spaces next to each statement to acknowledge you have read them. <span style="background-color: yellow;">If you are under the age of 18, a parent or guardian must initial and date at the right.</span></p>
---------------	---

<p>I give permission for the Cherokee Humane Society to photograph me or my child for use in any Shelter publication for educational or advertising purposes the Shelter may designate.  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand that because I, or my child (if applicant is younger than 18) may handle animals, <b>it is important to discuss being vaccinated against tetanus with my physician.</b> I release the Cherokee Humane Society from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk.</p> <p>Have you received a tetanus shot? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date received: _____</p>	<p>Initial</p> <hr/> <p>Date</p>
---	--	----------------------------------

<p>I give permission for the Cherokee Humane Society to photograph me or my child for use in any Shelter publication for educational or advertising purposes the Shelter may designate.  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I acknowledge and understand that as a volunteer of the Cherokee Humane Society or my child (if applicant is younger than 18) is not covered by the Cherokee Humane Society's workers' compensation or any other insurance policy for any damages or injuries I or my child may sustain during volunteer activities.  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Initial</p> <hr/> <p>Date</p>
---	---	----------------------------------

## Cherokee Humane Society Waiver and Release

My services to the Cherokee Humane Society (CHS) are provided strictly in a volunteer capacity, and without any express or implied promise of salary, compensation or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, workers compensation accrual of any form, vacations or sick time.

I fully understand that CHS expects high standards of moral and ethical treatment of animals under its care. I will strictly adhere to these standards in my capacity as a volunteer. I will follow the policies, procedures and safety precautions of CHS, and follow the instructions/directions of the CHS staff. I understand that CHS, without notice, may terminate my services as a volunteer at any time, with or without reason.

I understand the potential safety risks of working with animals and of bringing home illnesses from the shelter to personal pets. I will practice reasonable health hygiene and adhere to the hygiene policies of CHS. I will not bring unapproved guests or family members to CHS while I am on duty. I understand that the handling of animals as well as other CHS volunteer activities may place me in a hazardous situation and could result in injury to me and/or my personal property.

On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless the Cherokee Humane Society and its directors, officers, employees and agents from any and all claims, causes of actions and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities on behalf of CHS.

I authorize investigation of all statements contained herein and the reference and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company of all liability for any damage that may result from utilization of such information.

If you are under the age of 18, we must have a parent/guardian signature on this form. Thank you.

Printed Name	
Volunteer Signature	Date:
Parent/Guardian Printed Name	
Parent/Guardian Signature	Date:
Parent/Guardian Home/Cell Phone:	Work Phone:

The Cherokee Humane Society is an Equal Opportunity Employer and fully supports and maintains compliance with state, federal, and local regulations. The Cherokee Humane Society prohibits discrimination against employees or volunteer applicants because of race, color, religion, sex, sexual orientation, age, ancestry, national origin, veteran status, pregnancy, disability, marital status, or other characteristics protected by law. A violation of this policy by an employee is subject to disciplinary action, up to and including termination.