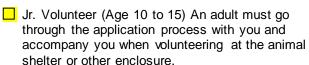
Application for Volunteer Placement

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.





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

Today's Date:__

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!

Identification Last Name		First N	<mark>lame</mark>	Date of	of Birth			
Mailing Address:								
Email Address:								
Home Phone Number: Cell Phone Number:								
Please include the name of an individual to contact in case of emergency:								
Name					Relationship			
Home Phone		Work Phone		Cell Phone				
Please list your previous volunteer experience:								
Name of Agency and Location		(Contact Person's Name		Phone			
	Mailing Addr Email Addr Home Photo Please incl Name Home Photo Please li	Mailing Address: Email Address: Home Phone Number: Please include the name of a Name Home Phone Please list your previous	Mailing Address: Email Address: Home Phone Number: Please include the name of an individual Name Home Phone Work Please list your previous vo	Mailing Address: Email Address: Home Phone Number: Cell Phone Number: Please include the name of an individual to contact in con	Mailing Address: Email Address: Home Phone Number: Cell Phone Number: Please include the name of an individual to contact in case of Name Related Home Phone Work Phone Cell Please list your previous volunteer experience:			

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Areas of Interest In order of preference (first choice, second choice, etc.), write the numbers in the box to select the areas of interest to you.		☐ Animal Ca☐ Groomer☐ Foster Care☐ Marketing☐ Special Eve☐ Photograph☐ Meeting O	e / Fundraising ents er	on Counselor	on Day Worker elor Data Entry, Phones				
Available Schedule	Mon	Tues	Wed	Thu	Fri	Sat	Sun		
Morning	7:00 -10:00	7:00 -10:00	7:00 -10:00	7:00 -10:00	7:00 -10:00	7:00-10:00	8:00-12:00		
Afternoon	12:00-3:00	12:00-3:00	12:00-3:00	12:00-3:00	12:00-3:00	12:00-3:00	12:00-3:00		
Evening	3:00-8:00	3:00-8:00	3:00-8:00	3:00-8:00	3:00-8:00	3:00-8:00	3:00-8:00		
Waiver		Include your initials and today's date within the spaces next to each statement to acknowledge you have read them. If you are under the age of 18, a parent or guardian must initial and date at the right.							
I give permis the Cherokee Society to phome or my ching in any Shelter publication advertising possible the Shelter modesignate.	e Humane notograph ild for use er or or urposes	I understand than 18) may being vaccing release the Class that may occur and I understated Have you received	Date						
		Cherokee Hur than 18) is not workers' comp	mane Society t covered by to pensation or a njuries I or my	and that as a voor my child (if the Cherokee hany other insured child may sus	applicant is y Humane Soc ance policy fo	ne younger iety's or any	Initial Date		

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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 will 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.

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