



DOUGLAS COUNTY humane society

Helping Pets and People Stay Together

Volunteer Application

Douglas County Humane Society thanks you for your interest in volunteering.

Applicants older than 18yrs are directed to the Douglas County Animal Services Application:

https://www.douglascountyhumesociety.com/uploads/2/2/0/2/22020226/volunteer_application_10-2018_animal_services.pdf

Name: _____

Full Home Address: _____

Phone: Home _____ Work: _____

Cell: _____ Email: _____

Are you 18 years old or older? Yes / No

Emergency Contact Name: _____

Emergency Contact Phone: _____

Why are you interested in being a volunteer? _____

Special Skills, training or previous animal experience: _____

Do you have or belong to any animal welfare group or organization?

Yes / No If yes, which: _____

Volunteer Jobs that under 18 can do:

Offsite adoptions- PetSmart or Bentley's – Saturday's
Pet Pantry – 1st & 3rd Saturday's behind Douglas County Animal Shelter
Event Coverage

Over 18 years see Douglas County Animal Shelter application for more opportunities.

Do you have a valid Georgia driver's license? Yes / No
Have you ever been convicted of a felony? Yes / No
Have you ever been convicted of an animal related offense? Yes / No
If yes, please explain: _____

How many pets do you currently own? Dog(s)_____Cat(s)_____
Are your pets all vaccinated against rabies? Yes / No
Are your pets up-to-date on vaccinations? Yes / No
Are all of your pets spayed or neutered? Yes / No
If no, please explain: _____
Who do you know that is a DCHS Volunteer? _____

As a volunteer I understand that:

- I will not receive any direct or indirect compensation.
- I must wear proper attire and conduct myself in a mature & respectable manner.
- I agree to indemnify & hold harmless Douglas County Humane Society, its Board and Volunteers from any claims resulting from my participation as a Volunteer for programs and activities. This includes claims for bodily injury, personal injury, loss, theft, personal property damage, loss of income or any consequential damages. Furthermore, I understand that DCHS reserved the right to remove me from Volunteer status as their Board decides appropriate. I certify that all answers here are true and correct.
- Additionally, I hereby authorize DCHS to investigate all statements and answers within this application and grant permission for them to retrieve my criminal and/or history record as a condition of my volunteer activities.

Potential Volunteer Signature: _____

Date: _____

Space for DCHS Coordinator

Approved as a Volunteer: Yes / No

Start Date: _____

DCHS Coordinator: _____