



# DOUGLAS COUNTY humane society

Helping Pets and People Stay Together

## Volunteer Application

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

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, please explain: \_\_\_\_\_

Circle type of volunteer job are you interested in?

Dog walking                      Offsite adoptions                      Photo taking

Bathing / grooming                      Transporting animals Foster Care

Office/admin assistance                      General Cleaning

Other \_\_\_\_\_

What days of the week and times would you be available?

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

Do you have a valid Georgia driver's license? Yes / No  
Are you able to drive your own vehicle to transport animals? 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: \_\_\_\_\_