



# The Dodge County Humane Society, Inc.

A 501(c) (3) not for profit organization

Tel: (920) 386-0000 • Fax: (920) 386-9770  
 N6839 State Road 26, Juneau, WI 53039  
[www.dodgecountyhumanesociety.org](http://www.dodgecountyhumanesociety.org)  
 email: office@dchs-wi.org

## Volunteer Application

<b>Full Name</b>			
<b>Alias Names</b>			
<b>Address</b>		<b>City/State/Zip</b>	
<b>Home phone</b>		<b>Other phone</b>	
<b>Email</b>		<b>Age*</b>	

\* Age 15 and under must be accompanied by a parent. Age 16 and over can volunteer alone with a parental consent form.

Have you volunteered here before?	YES	NO
If yes, when?		
Have you volunteered at another shelter before?	YES	NO
If yes, when and where?		
Do you have any formal knowledge in animal welfare?	YES	NO
If yes, please explain:		
Please list any training or experience you have had that might help in your volunteer assignment:		

Have you ever been convicted of a misdemeanor or felony?	YES	NO
If yes, please provide the dates and explain:		
<b>Being a volunteer at the Dodge County Humane Society entails the following duties: laundry, dishes, general cleaning, maintenance, lawn mowing, weeding, shoveling, cat care, picking up dog waste, plus much more. Dog walking and cat socializing are also needed, when the above duties have been performed. As a volunteer you will be asked to perform these duties as needed.</b>		
If you are unable to do any of these duties please list which ones:		

<b>Please check the days and list the times you are available to volunteer.</b>			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Special events (evenings)	

**Please list all pets/animals living in your home:**

Animal/Pet	Breed/Name	Spayed /Neutered	Age	Sex	Current on vaccinations?
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any allergies?	YES	NO
If yes, please explain:		
Are you pregnant?	YES	NO
Do you have any conditions that might hinder your volunteer service or require us to provide extra assistance or supervision?	YES	NO
If yes, please explain:		

Emergency Contact Information			
<b>Name</b>		<b>Relationship</b>	
<b>Address</b>		<b>City/State/Zip</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>Name</b>		<b>Relationship</b>	
<b>Address</b>		<b>City/State/Zip</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>Doctor's Name</b>		<b>Contact number:</b>	

<b><i>I hereby certify that all the information provided above is true and accurate to the best of my knowledge. I understand that providing false information could lead to my termination.</i></b>			
Signature		Date	
Parent/guardian signature		Date	

## **Release of Liability, Indemnification, and Consent Form**

In consideration of The Dodge County Humane Society, Inc. (DCHS) accepting my application for participation in DCHS programs, I agree to release and hold harmless DCHS from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in DCHS' programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, no matter how minor, that I will complete a Volunteer Injury Report form and seek any necessary medical attention utilizing my own medical insurance.

I agree that DCHS may photograph my participation in this program, and I hereby release any such photographs to DCHS for use in its programs, publications and purposes.

<b>I agree to the above waiver of liability.</b>			
Signature		Date	

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## **Parental Consent Waiver**

If you are a parent or guardian applying for a minor, you agree to the following: I give permission for my child to participate in the volunteer program at The Dodge County Humane Society, Inc. (DCHS). I release and hold harmless DCHS, its agents, and employees from responsibility or liability arising out of my child's participation. I understand there are certain risks inherent in dealing with animals. I certify that my child is covered under my health insurance policy should injury take place while volunteering or participating and I will be responsible for his/her medical bills.

<b>I agree to the above parental consent waiver.</b>			
Print Name		Date	
Signature			