**DODDRIDGE COUNTY HUMANE SOCIETY, INC.**

**1286 Wiseman Run Road**

**Salem, WV 26426**

**304-782-4900**

**VOLUNTEER APPLICATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the areas that would be of interest to you:

Dog Walking Grooming Spay/Neuter Program

Fundraising Cleaning Office Work

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your preferred days and time to volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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As a volunteer of Doddridge County Humane Society, Inc., I agree to abide by the rules and regulations set forth by the Board of Directors in the Society’s Policy and Procedures manual. I also knowingly and freely assume all risk associated with being a volunteer, both known and unknown, and release the Doddridge County Humane Society, Inc., of all liability.

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

Volunteer Signature Date

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

Executive Director Signature Date

**Doddridge County Humane Society, Inc.**

**1286 Wiseman Run Road**

**Salem, WV 26426**

**304-782-4900**

**WAIVER AND RELEASE OF LIABILITY (for volunteers)**

In consideration for being allowed to participate in any way in volunteering in duties/activities for the Doddridge County Humane Society, Inc.:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the duties/activities may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the possibility of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for volunteers. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest staff member immediately; and
4. I, for myself and on the behalf of my heirs, assigns personal representatives and next of kin, hereby release and hold harmless the Doddridge County Humane Society, Inc., their officers, sponsors, volunteers, and other participants with respect to any and all injury, disability, death, or loss or damage to my person or property, whether arising from the negligence of the releasees or otherwise.

I have read this release of liability and assumption of risk agreement. I fully understand its terms. I understand that I have given up substantial rights by signing it, and I sign it freely and voluntarily without any inducement.

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

Signature Age Date

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

Doddridge County Humane Society, Inc. Supervisor Signature Date

**FOR PARTICIPANTS UNDER THE AGE OF 18 AT THE TIME OF THE EVENT**

This is to certify that I, as participant’s parent/legal guardian, do consent and agree to his/her release as provided above of all releasees, for myself, my heirs, assigns and next of kin, do release and agree indemnify releasees from any and all liabilities of my child’s involvement and participation in any activities, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

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

Parent/Legal Guardian Signature Date

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Doddridge County Humane Society, Inc. Supervisor Signature Date