For Animal Shelter Use Only

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hendricks County Animal Shelter**

**Volunteer Application**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

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

Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Area Code

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of last Tetanus Shot**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever pled guilty to, or been convicted of a crime? □ YES □ NO

If you answered yes, please provide dates and details below:

**(Answering “Yes” to this question does not constitute an automatic ban to volunteer, all circumstances will be considered)**

Do you have a valid driver’s license? □ YES and I have included a copy for my file

□ NO

Do you have insurance that covers you in the event of any accident or injury while you are volunteering?

□ YES and the name of my carrier is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ NO

Are you legally eligible to work in this country? □ YES □ NO

Have you ever been employed here before? □ YES □ NO

If you answered “YES”, please give dates and positions

**Emergency Contact Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

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

Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Area Code

***REFERENCES:***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Area Code

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

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Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Area Code

**Volunteers 18 Years or Older**

I certify that the information provided on this application and any accompanying documents are true and complete. I understand and agree that significant omissions, false statements, misrepresentations in this application or during any interview forms proper grounds for not allowing me to volunteer; or if discovered at a later date, I will be terminated from my Volunteer position with the Hendricks County Animal Shelter.

I authorize Hendricks County Animal Shelter to investigate fully all information in this volunteer application and any accompanying documents; to investigate and compile any other information that bears upon my suitability for volunteering.

I confirm that I am eighteen years old (18) or older and agree with and understand the above information and willfully comply. I understand that I could be terminated from my Volunteer position at the Hendricks County Animal Shelter anytime with or without cause.

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

PRINTED NAME DOB DATE

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

APPLICANT’S SIGNATURE DATE

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

ANIMAL SHELTER OFFICE STAFF DATE

EMPLOYEE WITNESS

**Volunteers Under 18 Years Old**

I certify that the information provided on this application and any accompanying documents are true and complete. I understand and agree that significant omissions, false statements, misrepresentations in this application or during any interview forms proper grounds for not allowing me to volunteer; or if discovered at a later date, I will be terminated from my Volunteer position with the Hendricks County Animal Shelter.

I authorize Hendricks County Animal Shelter to investigate fully all information in this volunteer application and any accompanying documents; to investigate and compile any other information that bears upon my suitability for volunteering.

I confirm that I am under eighteen years old (18) of age. As a minor I understand that I will need to be accompanied at all times by a Parent or Guardian for the duration of my volunteer hours with the shelter until I turn 18 years of age. My Parent or Guardian and I agree with and understand the above information and willfully comply. We understand that I could be terminated from my Volunteer position at the Hendricks County Animal Shelter anytime with or without cause.

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

PRINTED NAME DOB DATE

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

APPLICANT’S SIGNATURE DATE

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

ANIMAL SHELTER OFFICE STAFF DATE

EMPLOYEE WITNESS

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

PARENT/ GUARDIAN SIGNATURE DOB DATE

**Release and Indemnity Agreement**

KNOWN BY ALL THESE PRESENT, that the undersigned hereby forever discharges, releases and covenants not to sue Hendricks County

Animal Shelter, and/or Hendricks County; their employees, agents, assignees as well as any other person or entity of Hendricks County from any and all liability, causes of action, suits, accounts, contracts, debts, claims, and demands whatsoever, at law or in equity, and arising as a result of volunteering at the Hendricks County Animal Shelter; and continuing day to day until complete.

The undersigned further agrees to indemnify and hold harmless the releases, and each of them from loss, liability damage or cost they may incur due to the undersigned’s participation in the volunteer program of the Hendricks County Animal Shelter or any activity related in thereto, whether caused by the negligence of the releases or otherwise.

WITNESS MY HAND this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_