

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

Birth Date _____

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 _____
Last First Middle Initial

Address _____
Street City State Zip Code

Telephone (____) _____ Cell Phone (____) _____
Area Code Area Code

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Telephone (____) _____ Cell Phone (____) _____
Area Code Area Code

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

DATE

APPLICANT'S SIGNATURE

DATE

ANIMAL SHELTER OFFICE STAFF
EMPLOYEE WITNESS

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 releasees, 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 releasees or otherwise.

WITNESS MY HAND this _____ day of _____, 2011.

Printed: _____