



Humane Society of Logan County

P.O. Box 404 | Lincoln, IL 62656 | (217) 737-4042 | www.hslclincoln.org

Volunteer Application

Thank you for your interest in volunteering at the Humane Society of Logan County. We are a nonprofit organization run by donations and the assistance of volunteers. Our volunteers not only help socialize our animals but also assist in the animal care and cleaning seven days a week at 8a.m., 11a.m., and 4p.m. Without our amazing group of volunteers we would be unable to successfully fulfill our mission. The Humane Society of Logan County is committed to the prevention of cruelty, abuse, and neglect of animals through its adoption program, humane investigations, spay/neuter assistance program, and humane awareness and education.

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Birthday:** ____/____/____

Emergency Contact: _____ **Phone:** _____

Are you a member of the HSLC? Yes No

Do you have experience working with animals? Yes No

If yes, please describe how: _____

Please check all volunteer opportunities that are of interest to you.

- | | | |
|---|--|---|
| <input type="checkbox"/> Dog Socialization/Cleaning | <input type="checkbox"/> Fostering | <input type="checkbox"/> Off-site Events |
| <input type="checkbox"/> Cat Socialization/Cleaning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Bake for Bake Sale |
| <input type="checkbox"/> Other _____ | | |



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Volunteer Release of Liability Waiver

By signing below, I hereby acknowledge my understanding that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury or death, and I knowingly and willingly assume that risk. In consideration of being allowed to participate in the Humane Society of Logan County (hereinafter referred to as "HSLC") activities and volunteering, I hereby release and hold harmless the HSLC, its employees, officers, and directors from any liability whatsoever arising from my participation in the HSLC, including, but not limited to, death of the undersigned and/or any and all injuries, damages, or illnesses suffered by the undersigned or suffered to the undersigned's property that may arise due to my participation. I hereby authorize the HSLC to seek emergency medical treatment on my behalf in case of accident, injury, or illness. I certify that the information provided by me is accurate and true.

As a volunteer for the HSLC, I understand that I may have access to confidential information, which is not generally known or accessible by the public. I acknowledge that disclosure of confidential information is not permitted. This non-disclosure requirement shall apply and be binding on me during and after my time with the HSLC. I further acknowledge that any copying, reproducing, or distributing of confidential information in any manner must be authorized by management of HSLC and that confidential information remains the property of the HSLC.

Understanding that public relations are an important part of a volunteer's activities on behalf of the Humane Society of Logan County, I hereby authorize the HSLC to use any photographs of me in its possession for public relation purposes.

Volunteer Name (Print) _____ Date _____

Volunteer Signature _____ Date _____

Parent Signature _____ Date _____
(If volunteer is under 18)

Please Note: All volunteers are required to attend a volunteer orientation before starting as a volunteer at the HSLC. These orientations take place twice a month. Details on dates and times can be gathered from the shelter manager.

Volunteers under 16 must be accompanied by an adult at all times, unless otherwise approved.