



"Our mission, through the promotion of education in basic humane animal care, is to relieve animal suffering and to prevent cruelty to animals."

Group Volunteer Application

Organization: _____

Contact Name: _____

Phone Number: _____ Email: _____

Address: _____

Number of Participants: _____ Age of Participants: _____

Will your group allow Caring Hands to photograph you time with us? YES NO

Will your group allow Caring Hands to share photos on social media? YES NO

Does anyone in your group require accommodations or have allergies? If yes, explain.

What activities is your group interested in doing? Circle below. Keep in mind, availability of tasks varies based on the number of animals, time of year, and amount of supplies.

Making enrichment

Cleaning Kennels

Brushing Cats

Walking Dogs

Bathing Dogs

Feeding Animals

Writing Biographies

Brushing Dogs

Taking Pictures

Waiver of Liability

I, as a volunteer service provider to the Caring Hands Humane Society, hereby knowingly, freely and voluntarily waive my right or cause of action of any kind whatsoever arising as a result of such activity from which any liability may or could occur against the Caring Hands Humane Society or its agents or employees jointly or individually. I declare that I shall not hold Caring Hands Humane Society liable for any illness, injury, or disease that I might contract or sustain while I am working in said capacity.

As a part of this statement, I agree to follow the supervision and instruction of the Caring Hands Humane Society's staff pertaining to my volunteer work and realize that they reserve the right to terminate my stay for any reason. I understand that I am not to represent Caring Hands Humane Society in any official capacity to the public at the shelter, in print, radio or television, or in public or private appearances without the approval of the Executive Director or the Board President. I give permission to the Caring Hands Humane Society to use photographs or video footage of my volunteer activities.

I fully recognize the possible dangers associated with the work of the Caring Hands Humane Society and I freely consent to this waiver. The Caring Hands Humane Society makes no representations concerning any animals' exposure to rabies or other diseases. I give my permission to the Caring Hands Humane Society to verify the above information.

Signature: _____

Name (Printed): _____ Date: _____