



SAVE A LIFE -
SPAY AND
NEUTER

THE CARING HANDS HUMANE SOCIETY

1400 SE Third Street Newton, KS 67114

TELEPHONE 316-283-0839

E-MAIL caringhandshumane@sbcglobal.net FAX 316-283-4050

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____
Street Town State Zip Code

Home Phone: _____ Other Phone: _____

E-Mail Address: _____

Birth Date: (mm/dd) ____/____ Are you 10 or older? _____ Are you 18 or older? _____

Where do you work/go to school? _____

If you are in school, what grade? _____ List any extracurricular Activities. _____

List any special skills you have that you feel would be valuable to the Caring Hands Humane Society?

When are you available? (check all boxes that suit your schedule)

	Mon.	Tues.	Wed.	Thurs.	Fri.
Morning					
12-2 PM					
3-4:45 PM					

Why have you chosen CHHS as a volunteer opportunity? _____

Describe the best experience you've had with animals? _____

Describe a bad experience you've had working with animals? _____

References (Employer, Minister, School Guidance Counselor, etc.)

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

EMERGENCY INFORMATION

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Physician: _____ Phone: _____

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 the 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 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 the 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. I understand that this application does not guarantee acceptance to the CHHS Volunteer Program.

Signed: _____

Date: _____

Print: _____

Date: _____

Parent or Guardian
(if under 18): _____

Date: _____