



**Volunteer Application for the  
Humane Society of Marion County, Inc.**  
A Drug Free Work Place

**We appreciate your interest in volunteering for the Humane Society of Marion County, Inc. Our mission is to prevent cruelty, suffering and overpopulation of animals through education, housing and financial support. Please complete this application as fully as possible as this enables us to find the most appropriate volunteer placement for you.**

**Please Print Clearly**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(LAST) (FIRST) (MI)  
Present Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, what were the charges? \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

Why are you interested in becoming an HSMC volunteer? \_\_\_\_\_

Please describe any limitations or disabilities that should be considered: \_\_\_\_\_

Have you ever volunteered before?  Yes  No

For whom and when? \_\_\_\_\_

Would you volunteer for them again?  Yes  No

Briefly describe your duties: \_\_\_\_\_

List any special skills and training: \_\_\_\_\_

List any interests and hobbies: \_\_\_\_\_

Students - provide school name and courses of study: \_\_\_\_\_

Please indicate availability:  Mon.  Tues.  Wed.  Thur.  Fri.  Sat.  
 AM Only  PM Only  Short term assignment  Long term assignment  
 Would you be available to call on short notice?  Yes  No  Occasionally

Please check any volunteer positions you would be interested in:

Thrift Store ~ 110 NW 10<sup>th</sup> Street ~ Ocala, FL 34475 ~ (352) 732-8424 Fax 352-732-3449  
 Shelter ~ 701 NW 14<sup>th</sup> Road ~ Ocala, FL 34475 ~ (352) 873-7387 Fax 352-854-9187

Thrift Store: Sorting / Pricing / Stocking / Cleaning / Testing

Shelter: Animal Socialization / Clerical / Maintenance / Transportation / Dog Training

Adoption Outreach: Animal Care / Adoption Counselor / Transportation

Doggie Banks: Collections / Solicit New Locations

Fundraising: Special Events / Solicit Donations / Capital Fundraising Campaign

Administration: Clerical / Filing / Newsletter / Website

Other: \_\_\_\_\_

**In case of emergency, notify:**

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<b>(Name)</b>	<b>(Relationship)</b>
<b>Home Phone:</b> _____	<b>Alternate Phone:</b> _____

### Volunteer Release Statement

I understand that my acceptance as a volunteer is at the sole discretion of the Humane Society of Marion County, Inc. (herein after referred to as "the Humane Society") and, if accepted, I agree to comply with all of the rules and regulations which may be established by the Humane Society, and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of the Humane Society. I understand that all services are to be performed at my own risk.

I recognize that in handling animals and performing other volunteer tasks, a risk of injury exists. I realize physical harm including, but not limited to, animal bites, scratches, cuts, bumps, bruises, accidents and/or other injuries are possible.

On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify and hold harmless the Humane Society, its agents, servants, and employees from any and all claims, causes of action, or demands of any nature or cause including costs and attorney's fees incurred by the Humane Society in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the Humane Society.

I understand that public education is an important function to the Humane Society. On behalf of myself, my heirs, personal representatives and executors, I allow the Humane Society to use any or all photographs taken of me for public use. I am signing this agreement freely and under no duress.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Humane Society Representative

\_\_\_\_\_  
Date

**Additional Consent and Waiver  
(For Applicant Under 18 Years of Age)**

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_ (Volunteer) hereby give my consent to allow my son/daughter/ward to perform volunteer services for the Humane Society of Marion County, Inc. I fully understand and acknowledge that his/her services are to be performed subject to all of the rules and regulations of the Humane Society, and that violations thereof shall be cause for immediate termination. I acknowledge I have read, understand, concur with and agree to conditions stated above and that my consensual signature on behalf of my son/daughter/ward is given freely and under no duress.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

Date of Contact: \_\_\_\_\_ Initial Interview Date: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

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

Training Start Date: \_\_\_\_\_ Comments: \_\_\_\_\_