



Humane Society of Mid Michigan Volunteer Application

MID MICHIGAN
HUMANE SOCIETY

Name _____

Phone _____

Full Address _____
Street City State Zip Code

Emergency Contact _____ Phone(_____) _____

Please tell us what experience you have with animals.

What days/times will be available to volunteer? (Hours are flexible depending on volunteer schedule).

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am-11am							
11am-1pm							
1pm-3pm							
3pm-5pm							

What volunteer opportunities would you be able to participate in?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Cleaning Kennels | <input type="checkbox"/> Cleaning Cages | <input type="checkbox"/> Dishes |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Stocking | <input type="checkbox"/> Bathing |
| <input type="checkbox"/> General Cleaning/Organizing | <input type="checkbox"/> Walking Dogs | <input type="checkbox"/> Fostering |
| <input type="checkbox"/> Bottle Feeding | <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Transferring Animals | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Office Work |

I acknowledge that I will be performing volunteer services for HSMM. I further understand that certain risks may be associated with such volunteer activities. In consideration of being permitted to perform such volunteer services for HSMM, I voluntarily and knowingly sign this waiver with the express understanding of waiving all rights or cause of action involving, without limitation, bodily injury or property damage to myself while I am engaged directly or indirectly, in such volunteer services, whether caused negligence of HSMM or it's officers, directors, agents, and employees. Further, I shall indemnify, defend and hold harmless HSMM and it's officers, directors, agents and employees from and against any and all liability, damage, loss, cost, expense incurred as a result of any claim, demand or cause of action brought against HSMM, it's officers, agents or employees, jointly or individual, for bodily injury or property damage suffered as a result of my negligence, reckless, or willful action in the performance of the volunteer services or as a result of the failure to perform volunteer services.

Name _____

Date _____