



1 Shelter Dr
 Palm Coast, FL 32137
 386.445.1814 x 507
 volunteer@flaglerhumane.org

VOLUNTEER APPLICATION

THANK YOU FOR CHOOSING TO VOLUNTEER AT FLAGLER HUMANE SOCIETY

ADULT VOLUNTEER INFORMATION:

NAME (ADULT): _____ **TELEPHONE NUMBER:** _____

STREET ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMAIL ADDRESS: _____

MEDICAL CONDITIONS WE NEED TO KNOW ABOUT: _____

(If applicant is under 18 years old – parent must be present to work directly with animals)

MINOR VOLUNTEER INFORMATION:

NAME (14-17 YRS OLD): _____

TELEPHONE NUMBER: _____

MEDICAL CONDITIONS WE NEED TO KNOW ABOUT: _____

Please circle area of interest for volunteering efforts (can be more than one)

Offsite adoption events	Offsite fundraising events	Administration support
Visiting pups	Dog walking	Cattery TLC
Animal care & cleaner	Fostering	Animal transport
Medical support	Offsite pet store catteries	FHS thrift store
Laundry	Maintenance & yard work	Photography and social media

Please list any related skills, qualifications or volunteer work: _____

Do you have any pets? _____ Are they spayed or neutered? _____



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Have you been convicted of a felony? _____ If yes, please explain _____

___ I agree to the following: I give permission to be photographed, interviewed or videotaped to publicize Flagler Humane Society (FHS) volunteerism. This may be used in newsletters, websites or other publications to raise community awareness of our work for the animals. I agree to comply with all rules and regulations that may be established by FHS. I understand that my failure to comply may result in my inability to volunteer with FHS. I acknowledge that my services are provided on a volunteer basis without any pay or compensation of any type and without liability of any nature on behalf of FHS. All services performed by me are at my own risk. I recognize that in handling animals there exists a risk of injury, including physical harm caused by animals. I understand it is my responsibility to follow the policies and procedures as described in my volunteer training to reduce that risk, and that direct supervision may not be always available. I understand that as a volunteer I am not covered by any workers' compensation policy. I freely assume responsibility for any injury that may befall me because of my volunteering with the Flagler Humane Society. On behalf of myself, my heirs, assigns, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless the Flagler Humane Society, Inc., its agents, servants, employees and board members from any and all claims, causes of action or demands of any nature, including costs and attorneys' fees incurred or sustained by me in any way connected to my services performed at Flagler Humane Society, including but not limited to: Animal bites/ scratches, accidents, injuries, property damage and/or medical fees. This release shall remain in effect until association with the Flagler Humane Society is concluded and such is acknowledged in writing by either party.

Volunteer Signature: _____ Date: _____

Volunteer Printed Name: _____

(If applicant is under 18 years old – parent must be present to work directly with animals)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

For office use only

Attended orientation: Yes No TY email sent: Yes No Background: Yes No

Liability signed-Paperwork Scanned: Yes No

Added to: PP Email list Excel Google group email Application: Approved Not approved