HHS AUXILIARY VOLUNTEER APPLICATION

MISSION STATEMENT: The Heritage Humane Society serves as the compassionate steward of companion animals that are in transition from stray/surrender to forever homes. Heritage Humane Society will also educate the public about humane animal care and treatment, advocate animal welfare, and provide affordable adoption services.

Please complete all applicable fields on the form. All volunteers must sign our Liability Waiver, which is a legally binding document.

Last Name:	First Name:	
City:	State:	Zip Code:
Email:		
	Landline Phone:	
Occupation:		
Emergency Contact & Relationship	p:	Phone:
Why are you interested in becomin	ng an Auxiliary volunteer?	
- · ·	skills/experience that may prove useful raining, public speaking, animal care/tr	· ·
Select all areas of volunteer interest (visit heritagehumane.org/auxiliary Antique Mall	st: y for more information on these events/s	fundraisers)
☐ Belk Charity Sale		
☐ Critter Canisters		
☐ Holiday Bazaar		
☐ Holiday Fur Tree		
☐ Hearts for Homeless Pets		
☐ Make Par for Pets Golf Classic		
☐ Precious Pieces		
☐ Spring in Bloom Online Auction	n	
Unsure at this time		

VOLUNTEER CONTRACT:	
I, have read and understand the Auxiliary Mem Guide. I understand that if I do not abide by all of these rules, my service as a volunteer can be termin suspended. I also understand that these rules and guidelines are set forth to protect the animals, the stampself. I agree to conduct myself in a courteous and professional manner as a volunteer and as a represent the Heritage Humane Society. I agree to abide by all of Heritage Humane Society's policies and professional manner as a volunteer and as a representation of the Heritage Humane Society.	ff and esentative
Printed Name:	
Signature: Date:	
Heritage Humane Society's Volunteer Release From Liability Form	
In consideration of the opportunity to participate in the operation of The Heritage Humane Society (Hi in further consideration of the permission to enter for that purpose upon the premises of The Heritage Society located at 430 Waller Mill Road, Williamsburg, VA 23185, the receipt of such opportunity bein acknowledged, the undersigned hereby releases HHS and its agents, officers, servants and employees, of Williamsburg and the county of York of and from any and all liability claims, demands, actions and of action whatsoever, arising out of or related to any loss, damage or injury to the person, or any proper the undersigned, while in, on, or upon the premises, or any premises leased to, owned by, sanctioned by while under the control of supervision of HHS, or while in route to or from the premises or any other preleased to or under the control of supervision of HHS.	Humane ng hereby the city causes erty of by, or
The undersigned being duly aware of the risks and hazards inherent upon entering upon said premises or in participating in any and all aspects of the operations of the HHS at said premises, knowing the cu conditions, operations and risks and knowing that these conditions, operations and risks may become a hazardous and dangerous during the time that the undersigned is upon the said premises, the undersign hereby voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained undersigned, or any property of the undersigned while in, on, or upon said premises.	urrent more ned
The undersigned further releases the HHS from any liability arising from any acts or omissions of its a officers, servants, employees and authorized volunteers, wherever such acts or omissions occur.	igents,
The release shall be binding upon the distributees, heirs, next of kin, executors, administrators and per representatives of the undersigned.	sonal
In signing the foregoing release, the undersigned hereby acknowledges and represents that she or he has read the release, understands it, and signs it voluntarily; that she or he is over 18 years of age and of sound mind; that she or he is the legal parent or guardian of the following children who are between the age 10 and 17 and are covered by all provisions of this release (no one under 16 may walk a dog): that she or he is not an agent, servant, or employee of The Heritage Humane Society	
In witness whereof, the undersigned has hereunto set her or his hand and certifies that she or he has no convicted of animal cruelty or neglect.	t been



Signature: _____ Date: _____

Printed Name: