



Hawk Creek Animal Shelter
Humane Society of Kandiyohi and Meeker Counties

250 28th St SW • Mail: PO Box 709 • Willmar, MN 56201 • (320)235-7612 • Fax: (320)235-1878 • License 47292

Adult
 Minor

VOLUNTEER INFORMATION & WAIVER

Contact Information

Name: _____ Date: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Email: _____

Emergency Contact

Name: _____ Phone: _____

I am affiliated with an organization that I am volunteering with.

Name of Organization: _____

Organization Leader: _____ Phone: _____

Volunteer Opportunities

- | | | |
|---|---|---|
| <input type="checkbox"/> Dog Walking/Training | <input type="checkbox"/> Events/Fundraising | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Cat Rooms | <input type="checkbox"/> Mailings | <input type="checkbox"/> Transport Driver |
| <input type="checkbox"/> Building Repair/Odd Jobs | <input type="checkbox"/> Brushing the Animals | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Other: _____ | | |

Availability

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Seasonal On Call Drop In Single Visit

Special Skills or Limitations

Consent for Photographs and Videos

I understand that my voluntary participation and that of my child(ren) for the HSKMC/HCAS will include photographs and video that may be used for HSKMC/HCAS promotions, media and fundraising efforts. I give HSKMC/HCAS permission to use the photographs and video taken of me and my child(ren) for promotion and fundraising. I understand that photographs taken as part of the HSKMC/HCAS volunteer times and events are the intellectual property of HSKMC/HCAS and cannot be used by any competing organization.

Signature: _____ Date: _____

Over

I am **UNDER 18** (Fill out Section A)

I am **OVER 18 and my own legal guardian** (Fill out Section B)

I am **OVER 18 and NOT my own legal guardian** (Fill out Section A)

Section A

Liability Waiver

I certify that I am the guardian of the below signed dependent. I hereby approve my dependents entry into the HSKMC/HCAS volunteer program. I have received and reviewed the volunteer handbook and also agree to abide by the term herein. All information provided in this document is true and accurate to the best of my knowledge.

I, for myself and my dependent, hereby waive and release any and all rights and claims for damages, liability, cost and expenses again the HSKMC/HCAS, any shelter employee or volunteer. I agree to transport or arrange transportation for my dependent to and from the HSKMC/HCAS. I have provided an emergency contact in the event I am unable to be reached.

Guardian Name: _____ **Date:** _____

Guardian Signature: _____

I understand the rules listed in the HSKMC/HCAS volunteer handbook and agree to obey all policies and procedures of the HSKMC/HCAS. I understand that I may be removed from the volunteer program if I do not follow the rules.

Dependent Signature: _____ **Date:** _____

Section B

Will you be a guardian to any persons volunteering? No Yes (Please List)

Liability Waiver

I hereby waive and release any and all rights and claims for damages, liability, cost and expense against the Humane Society, any shelter employee or volunteer, arising out of my participation in the volunteer program at the Humane Society or any function sponsored by the Humane Society.

I understand the rules listed in the HSKMC/HCAS volunteer handbook and agree to obey all policies and procedures of the HSKMC/HCAS. I understand that I may be removed from the volunteer program if I do not follow the rules.

Signature: _____ **Date:** _____