Humane Society of North Iowa
2700 South Birch Drive
Mason City, Iowa 50401
(641) 423-6241

VOLUNTEER APPLICATION

Name(s): _____

Address: _____

E-mail: _____ Phone: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Daytime phone: _____ Evening phone: _____

Are you at least 16 years old?   Yes _____ No _____
Volunteers under the age of 16 require adult supervision by a parent, guardian, or a parent approved volunteer that is 18 or over. The HSNI staff will not be able to provide this supervision.

AREAS OF INTEREST

I would like to help the Humane Society of North Iowa in the following ways:

( )   <u>Animal Socializer</u> - spend one-on-one time with the animals to keep them healthy and happy.

( )   <u>Dog Walker</u> - take HSNI dogs on walks.

( )   <u>Donation of Supplies</u> - assist the HSNI by donating needed supplies (i.e. food/treats, paper towels, kitty litter, office supplies, cleaning supplies, etc…)

( )   <u>Foster Parent</u> - provide a temporary, loving home for a HSNI animal.
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As a volunteer at HSNI, I acknowledge and understand that in working directly with animals as I desire, it may subject me to animal misbehavior such as biting, scratching, or other injury to me. As a volunteer, I agree to assume these risks. Also, I agree to be responsible for any rabies, tetanus, or other diseases or maladies which may arise from my working with the animals at HSNI. I further understand that any vaccinations or treatments would be at my own expense. I hereby waive any and all claims against, and agree to hold harmless, the Humane Society of North Iowa, its Board of Directors, officers, agents, and employees, for any and all liability associated with and arising out of my services as a volunteer.

I have reviewed and understood the terms of this Waiver. I have been afforded the opportunity to ask any questions, and my questions have been answered to my full satisfaction. I sign this waiver voluntarily and with full knowledge of its contents for myself and on behalf of any minors I am supervising.

_____   _____
Signature of Volunteer   Date

In addition, if volunteer is under 16 years of age, and someone other than a parent will be supervising this volunteer, please complete the following:

I give permission for _____ (an adult 18 years or older) to supervise my

child, _____, at the Humane Society of North Iowa.

_____   _____
Signature of Parent or Guardian   Date

(Revised 2/10)