



Oswego County Humane Society

Office Volunteer Application

Volunteer Information		Name:	
Street Address		City	
State & Zip		E-mail	
Primary Phone		Alt. Phone	

In the case of an emergency, whom would you want notified?			
Name		Relationship	
Primary Phone		Alt. Phone	

What would you like to do?

- Events & Fundraising
- Mailings & Newsletters
- Pet Care
- Clinic Reception Assistance
- Facility & Lawn Maintenance

What is your availability?

- | | | |
|-----------|-----------------------------|-----------------------------|
| Tuesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Wednesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Thursday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Friday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Saturday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |

As a volunteer, participating in the Oswego County Humane Society office and spay/neuter clinic, you hereby certify that you are voluntarily assisting at this facility and that you have been made aware of the possibility of injury (including but not limited to bites, scratches, exposure to zoonotic diseases, etc) inherent in handling animals and that you have been advised that you should be up-to-date on all tetanus inoculations. You agree to seek prompt medical care for any injuries on your own and to assume the liability for the cost thereof.

If under age 18, a legal parent/guardian must also sign below:

Volunteer Name (please print)

Legal parent/guardian Name (please print)

Volunteer Signature

Legal parent/guardian Signature

Date

Staff Initials: _____