

Cowley County Humane Society Volunteer Release Form

Date:	<u></u>
Name:	Phone:
Address, City, State, Zip:	
Email:	Date of Birth:
Emergency Contact Name and Phone:	
Allergies we should know about:	
Fear of (check all that apply):	Small Dogs Cats
• =	Court Ordered Community Service
We have a few different opportunities for volunteers. At the shelt perform including but not limited to: dog walking, laundry, cleaning animals. Please dress accordingly.	•
Please check where you are interested in helping:	
☐ Big dogs ☐ Small Dogs ☐ Cats ☐ Photography ☐ Clinic ☐ Front Off	☐ House Cleaning ☐ Baths Fice Help
We also have off-site opportunities. Please check if you are intereand the weather.	ested. Please dress appropriately for the public
☐ Adoption Events- Handle a dog while visiting with poter ☐ Special Visits- Nursing homes, schools, daycare's, etc. ☐ Vendor Booth- Set up, tear down, selling- no animal han	-
What days and times are you available?	
☐ Mon ☐ Tues ☐ Wed ☐ Thurs	☐ Friday ☐ Sat ☐ Sunday
Please initial the following indicating you understand these possii Zoological Diseases Animal bites or scratches- Report these immediately to	- ,
There are precautions you must be willing to take for the safety of indicating you understand the following:	
☐ Wearing gloves when handling/cleaning certain animals ☐ Proper hygiene- hand washing and/or sanitizer	

therefore putting myself in a situation to	ey County Humane Society (CCHS): I am w be exposed to certain dangers. I do not ho ury which may occur while I'm volunteering	ld CCHS or any person
_	14 years of age must be accompanied by an amay be at the shelter without an adult but do	_
I have read and understand the risks associ instances and the reward is greater than th	ated with volunteering at CCHS. I also realize risk (Initial)	e these are generally rare
directors and volunteers form responsibility property, or pets as a result of my volunteer	wley County Humane Society Inc, its agents by of any and all injuries, diseases, or damage or services.	es to my person,
Volunteer Printed Name	Volunteer Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature	Date
CCHS Representative Printed Name	CCHS Representative Signature	Date
*** Staff, please enter information into the away into the volunteer folder***	e petpoint system, and sign stating you entere	d it. Then file this