



2018 Shelter Pal Application

Date: _____

Please print clearly!

Name: First _____ Last _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ E-mail (REQUIRED) _____

Parent or Guardian's Name (if under 18): _____

Current Place of Employment: _____

Are you a student? _____ If so, where? _____ Is this a school requirement? _____

Why do you want to volunteer with us? _____

Names & Ages of Children Volunteering with You: _____

* All individuals must be 16 or older to volunteer without a parent present *

Shirt Size: YS YM YL XS S M L XL 2XL

Have you volunteered here before? _____ If so, please list approximate dates _____

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What days and times are you most likely to volunteer? (list the times under the days you are able to work)

TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Do you live with any pets? _____ If so, please list types, breeds and ages _____

Are your cats and dogs spayed or neutered? _____ Are they current on vaccinations? _____

Name of current vet: _____

Would you prefer to work with _____ Cats _____ Dogs _____ Both

Do you have any allergies and/or medical conditions we should be aware of? (Ex. Peanut Allergy; cannot walk large dogs; etc.) _____ If so, please list:

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Numbers: _____

Please check all of the following that you are willing and able to do:

- | | | |
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| <input type="checkbox"/> Play/pet/brush cats | <input type="checkbox"/> Pick up donations | <input type="checkbox"/> Pet Therapy (must be 18)* |
| <input type="checkbox"/> Walk/bathe/play with dogs | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Clerical/Reception* |
| <input type="checkbox"/> HSSCM Mascot | <input type="checkbox"/> Snow removal/Mowing | <input type="checkbox"/> Special Events* |

*Additional training required.

Individuals needing to report hours for school requirements, dental plan or community service hours must schedule time through community service coordinator; these hours will not qualify as volunteer time.

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Age (If under 18) _____ DOB: ___/___/___ (If under 18)

Parent or Guardian Signature: _____
(If under 18)

For Office Use Only:

Approved to Volunteer: Yes No (if no, please list reason): _____

Database Check: _____

Date of Orientation: _____

Added to: Animal Shelter Manager Constant Contact Email List



2018 Shelter Pal Application

Date: _____

Please print clearly!

Name: First _____ Last _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ E-mail (REQUIRED) _____

Parent or Guardian's Name (if under 18): _____

Current Place of Employment: _____

Are you a student? _____ If so, where? _____ Is this a school requirement? _____

Why do you want to volunteer with us? _____

Names & Ages of Children Volunteering with You: _____

* All individuals must be 16 or older to volunteer without a parent present *

Shirt Size: YS YM YL XS S M L XL 2XL

Have you volunteered here before? _____ If so, please list approximate dates _____

Shelter Pal hours are Tuesday - Friday from noon to 5:00pm and Saturdays from 11am to 3pm only. Shelter Pals must commit to volunteer a minimum of four hours per month for six months.

What days and times are you most likely to volunteer? (list the times under the days you are able to work)

TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Do you live with any pets? _____ If so, please list types, breeds and ages _____

Are your cats and dogs spayed or neutered? _____ Are they current on vaccinations? _____

Name of current vet: _____

Would you prefer to work with _____ Cats _____ Dogs _____ Both

Do you have any allergies and/or medical conditions we should be aware of? (Ex. Peanut Allergy; cannot walk large dogs; etc.) _____ If so, please list:

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Numbers: _____

Please check all of the following that you are willing and able to do:

- | | | |
|--|--|--|
| <input type="checkbox"/> Play/pet/brush cats | <input type="checkbox"/> Pick up donations | <input type="checkbox"/> Pet Therapy (must be 18)* |
| <input type="checkbox"/> Walk/bathe/play with dogs | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Clerical/Reception* |
| <input type="checkbox"/> HSSCM Mascot | <input type="checkbox"/> Snow removal/Mowing | <input type="checkbox"/> Special Events* |

*Additional training required.

Individuals needing to report hours for school requirements, dental plan or community service hours must schedule time through community service coordinator; these hours will not qualify as volunteer time.

HSSCM Release:

I hereby release, indemnify, and hold harmless HSSCM, its directors, employees, successors, legal representatives, sponsors, and supervisors of all its activities, from any and all claims, causes of action, and liability arising from or in any way connected with my volunteer participation with the Humane Society of South Central Michigan. I understand that I am expressly assuming all risk, including but not limited to all risk of injury and disease associated with my volunteer participation. I further grant HSSCM permission to use, without cost, any photographs, videos, or audio taken of me during my volunteer services.

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