

Adult Volunteer Application
Hendricks County Humane Society (HCHS)
52 West Main Street, Danville, IN 46122
317-718-0312

Date _____ Volunteer Name _____

Address: _____
Street City Zip

Phone: _____
Home Cell Work (if calls wanted or allowed)

E-Mail: _____
(To receive volunteer updates about upcoming activities & events)

Email Release

I agree to allow my email address to be included in HCHS emails, in an un-blinded format.

Volunteer Signature: _____ Date _____

I confirm that I am an adult, age 18 or older.

Volunteer Signature: _____ Date _____

Emergency Contact Information

Name: _____

Phone: _____
Home Cell Work (if calls wanted or allowed)

PLEASE NOTE:

HCHS does not own or operate an animal shelter or rescue of its own. The Hendricks County Animal Control Facility, which serves as the local shelter, is owned and operated by county government officials; their current policy does not permit volunteers to serve on behalf of the animals housed there.

Photo Release

I agree that HCHS may photograph me while participating in volunteer activities, and I hereby release any such photographs to HCHS for use in its programs, publications and purposes.

Volunteer Signature: _____ Date _____

Waiver and Release of Liability, Indemnification, and Hold Harmless Agreement

In consideration of HCHS accepting my application for participation in HCHS programs, I agree to release and hold harmless HCHS from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in HCHS' programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, that I will seek any necessary medical attention utilizing my own medical insurance, and I will be responsible for any resulting medical bills.

Volunteer Signature: _____ Date _____