



## BECOME A VOLUNTEER

Please complete this application, including the Waiver of Liability, sign it and give it to one of our staff or mail it to the Humane Society of York County, 8177 Regent Parkway, Fort Mill, SC 29715. Individuals must attend orientation before volunteering. Please speak to an HSYC staff member or visit our website at [www.thehumanesocietyofyorkcounty.org](http://www.thehumanesocietyofyorkcounty.org) for orientation dates and times.

Today's Date \_\_\_\_\_  
Birth Date (mm/dd/year) \_\_\_\_\_ (Required)  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City, State and Zip \_\_\_\_\_  
Email Address (Required) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
What days/times are you available to volunteer? \_\_\_\_\_

*I am interested in the following volunteer areas:*

**Helping with Animals Directly:**

- \_\_\_\_\_ Feeding / Cleaning
- \_\_\_\_\_ Walking Dogs: Large \_\_\_\_\_ Small \_\_\_\_\_ Both \_\_\_\_\_
- \_\_\_\_\_ Playing with / Socializing Cats
- \_\_\_\_\_ Foster Care
  - \_\_\_\_\_ 24 hr. Feeding of Puppies and/or Kittens
  - \_\_\_\_\_ Dogs Recovering from Medical Conditions. E.g. Heartworm Treatment
- \_\_\_\_\_ Transporting Animals to Adoption Sites

**Other Positions:**

- \_\_\_\_\_ Fundraising / Special Events
- \_\_\_\_\_ Helping at Adoption Sites
- \_\_\_\_\_ Marketing / Publicity
- \_\_\_\_\_ Thrift Shop Staff
- \_\_\_\_\_ Clerical / Phones / Computer
- \_\_\_\_\_ Humane Education / Speaker

Experience, skills or talents you would be willing to share:

\_\_\_\_\_

Junior Members:

Will you be using hours toward community service? Yes \_\_\_\_\_ No \_\_\_\_\_

For \_\_\_\_\_

If you have any questions, or require additional information, please call the Humane Society of York County at (803) 802-0902 and leave a message for the Volunteer Coordinator. **THANK YOU FOR CARING!!!!**

## Humane Society of York County

### WAIVER OF LIABILITY

I, \_\_\_\_\_, as a volunteer service provider to the Humane Society of York County, hereby declare that I shall not hold HSYC liable for any illness, injury, or disease I might contract or sustain while working in said capacity.

In addition, if I participate in the HSYC Foster Care Program, I agree and abide by the following conditions:

1. The animal(s) are the sole property of HSYC.
2. The animal(s) shall be returned to HSYC upon request, or if I am no longer able to care for them.
3. I agree to follow all HSYC policies.
4. I understand that I do not have any right or authority to keep or place foster animals in other homes or with other individuals.
5. I understand that many viruses have an incubation period of 7 to 14 days, and I understand that my own pets may be at risk of contracting a contagious virus. I accept that risk and the responsibility of treatment if necessary, at my own expense for my own animals.
6. I agree to hold HSYC harmless from direct or consequential damages arising out of this foster care agreement.

I understand that there are certain risks inherent in handling animals, and I accept those risks.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

All volunteers must sign the Waiver of Liability before commencing volunteer duties. If the volunteer is under 18 years of age, the volunteer's parent or guardian must sign the waiver.

Member \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Start Date \_\_\_\_\_ Trainer \_\_\_\_\_

### PLEASE REMEMBER:

Some of these animals have lost their trust in humans by being abused or abandoned. You can help them regain their trust by offering love and attention.