



VOLUNTEER APPLICATION FORM

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

DRIVERS LICENSE NO _____

EMERGENCY CONTACT

Name _____ Phone _____

SPECIAL SKILLS _____

VOLUNTEER PREFERENCES

- | | |
|--|---|
| <input type="checkbox"/> Farmers Market | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Adoption Events | <input type="checkbox"/> Dogwood Walk |
| <input type="checkbox"/> Information & Sales | <input type="checkbox"/> Animal Socialization |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Other _____ |



VOLUNTEER WAIVER & RELEASE FORM

PLEASE READ THIS FORM CAREFULLY. BE AWARE THAT BY SIGNING THIS FORM, YOU WILL WAIVE AND RELEASE THE HUMANE SOCIETY OF THE OZARKS FROM ALL CLAIMS OF INJURY, DAMAGE, OR LOSS YOU MIGHT SUSTAIN WHILE PARTICIPATING IN VOLUNTEER ACTIVITIES.

I, _____, as a volunteer for the Humane Society of the Ozarks, Inc. (HSO), recognize and acknowledge that certain risks of physical injury, damage, and loss are associated with the volunteer activities I have undertaken and will undertake for the HSO. I agree to all risks for, and cost of, any such injuries, damages, or loss which I may sustain as a result of acting and participating as an HSO volunteer. I understand and agree that the HSO does not insure against, and accepts no responsibility for personal injury, property loss, or damage, which I may sustain. I understand and agree that the HSO does not provide financial assistance to volunteers, including, but not limited to, medical, health, or disability insurance.

In consideration of the HSO allowing me to act as a volunteer and participate in HSO events and for other good and valuable consideration, the receipt of which is hereby acknowledged, I agree and promise for myself, and anyone else who may claim on my behalf, not to sue, and I hereby waive, release, and discharge HSO, its directors, officers, employees and agents, event officials, and volunteers, from any and all claims and liability of whatever kind or nature whatsoever arising out of my participation in various activities as an HSO volunteer, even though those claims and liabilities may arise as a result of the negligence or carelessness of individuals or entities released by this Waiver and Release.

I also understand and agree to permit the HSO to use, for publicity or promotional purposes, my name and pictures of me without liability or obligation to me.

I agree to the above Waiver and Release.

Signature _____ Date _____

If under age 18, parent/legal guardian signature _____

Emergency Contact _____ *Phone* _____