



Livingston County Humane Society

Volunteer Application

Name _____ Date _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Emergency Contact and Phone _____

Email address _____

Age Bracket: _____ Grade School _____ High School _____ College _____ Out of School

Age _____ Do you drive? _____ Yes _____ No

Check the tasks below you would be interested in performing as a volunteer:

Dogs/Puppies:

- _____ Building/Fence maintenance
- _____ Walk/Socialize
- _____ Bathe/Groom
- _____ Clean Kennels
- _____ Temporary Foster Home

Cats/Kittens:

- _____ Groom
- _____ Cuddle/Socialize
- _____ Clean Cat Room
- _____ Temporary Foster Home

Office:

- _____ Phones/Make Calls
- _____ Filing
- _____ Other office work

Other:

- _____ Laundry
- _____ Cleaning
- _____ Compile Book/Current
- _____ Compile Newsletter
- _____ Update Website
- _____ Photographer w/ Computer

Special Events:

- _____ Planner/Coordinator
- _____ Promoter
- _____ Make & put up posters
- _____ Help out on day of event
- _____ Serve food
- _____ Walk dogs in parade
- _____ Advertising
- _____ Cook at food event
- _____ Help clean up after event

Bake Sales:

- _____ Bake
- _____ Setup
- _____ Work/Sell

Tell us a little about yourself:

How often would you be able to do volunteer work? _____

Best Days & Times available to do volunteer work _____

Have you ever worked with animals before or done any volunteer work? _____

Previous Experience: _____

List any animal-related allergies you have: _____

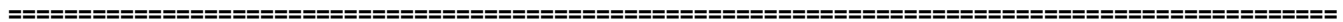
For more information, contact Bill at 815-842-1025 or send an email to lchsadmin@gcacoop.com

Return to: Livingston County Humane Society

Attn: Volunteer Coordinator

21179 N. 1358 East Road

Pontiac, IL 61764



LIVINGSTON COUNTY HUMANE SOCIETY VOLUNTEER RELEASE AND AGREEMENT

I, _____, the undersigned do hereby declare that I am aware

- That animals are different from human beings in their response to human action
- That the actions of animals are often unpredictable
- That LCHS makes no claim as to the temperament, health, or mental disposition of any animal a volunteer may be working with
- That I am volunteering at my own risk and am aware of the risks involved
- That I will accompany and closely supervise my child under the age of 16 in order for him/her to handle any of the animals

I hereby release and discharge the Livingston County Humane Society forever from liability for any injury/illness or damages caused or sustained in the course of my volunteer work with the Livingston County Humane society and from any action, claims, suits, or demands whatsoever that arise as a result of such injury/illness or damages. I further represent that I possess medical coverage/or the means to pay for medical treatment involving any activity in the course of my work and activities with the Livingston County Humane Society.

Witness Signature

Volunteer or Guardian Signature Date

Volunteer name, address, phone # printed

Photography Consent Form/Model Release/Media Release (ADULTS)

I, (print name) _____, hereby grant permission to Livingston County Humane Society, its employees or representatives, to take and use: (check all that apply)

- ____ photographs/digital images
- ____ videotape/digital video
- ____ audio recordings/quoted remarks

I agree that the media ____ may ____ may not contact me to speak with me regarding my involvement in Livingston County Humane Society activities.

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of Livingston County Humane Society.

____ (signature & date)
____ (address)
____ (city, state, zip)
____ (phone number)

Photography Consent Form/Model Release/Media Release for minor children (under 18)

I, (print name) _____, parent or guardian of (child's name) _____ hereby grant permission to Livingston County Humane Society, its employees or representatives, to take and use: (check all that apply)

- ____ photographs/digital images
- ____ videotape/digital video
- ____ audio recordings/quoted remarks

I agree that my child's name and identity ____ may ____ may not be revealed in descriptive text or commentary in connection with the images.

I agree that the media ____ may ____ may not contact my family to speak with my child regarding his/her involvement in Livingston County Humane Society activities.

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of Livingston County Humane Society.

____ (signature of parent/guardian & date)
____ (address)
____ (city, state, zip)
____ (phone number)
____ (witness for LCHS & date)