

Anderson Humane Society, Inc.
1410 Versailles Road, Lawrenceburg, KY 502-839-8339

Volunteer Profile

Date _____

Name _____

Address _____

Home Phone _____ Cell phone _____

Age if under 18 _____ Birth date _____

Best way to contact _____

Name and Phone of Contact in case of emergency:

Indicate days/hours you are willing to work:

Mon. _____ Tue. _____ Wed. _____ Thu _____

Friday _____ Saturday _____ Sunday _____

Areas you would especially like to work in:

- Offsite adoption events
- Adoption Center clean-up
- Foster Care
- Fund-raising events
- Maintenance

Other:

Disclosure of Risk and Agreement to Hold Anderson Humane Society and
Anderson County Fiscal Court Free and Harmless from Claims.

The undersigned acknowledges that he/she understands that animals are unpredictable in their behavior and can bite, scratch or otherwise injure persons and destroy or damage property. The Anderson Humane Society, while making every effort to ensure that animals here are not aggressive, can make no warranty as to the behavior of any animal on the shelter property or at shelter events. This is one of the conditions accepted by the volunteer.

Furthermore, the undersigned, in consideration of being permitted to participate as a volunteer, does hereby agree to hold Anderson Humane Society and Anderson County Fiscal Court, its agents and employees free and harmless from claims of any person, including but not limited to the undersigned, for personal injury or property damage caused by any animal on shelter property or at adoption events or during transport to and from any event

The undersigned understands he/she will be in contact with a variety of animals, it is important to discuss being vaccinated against tetanus with a physician. While most all animals here are vaccinated against rabies and are treated for parasites, these should also be discussed with your physician. The undersigned agrees to release Anderson Humane Society, Inc, and Anderson County Fiscal Court from all responsibility for any situation that may occur because this matter was not pursued and understands that whatever decision made is done so at their own risk.

I acknowledge and understand as a volunteer I am NOT covered by worker's compensation insurance or any other insurance for injuries or damages sustained during volunteer activities. I have read and understand these policies and agree to such.

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Volunteer signature	Date
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Guardian's signature (for volunteers under the age of 18)	Date
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Anderson Humane Society Witness	Date