



Volunteer Application

Date _____

Name: _____ Phone #: _____
Address: _____ City/Zip: _____
E-Mail Address: _____
Age (if under 18): _____ School/ Grade: _____
Occupation: _____

Is your Tetanus vaccination current? Yes No (circle one)
Do you have medical coverage? Yes No (circle one)
Do you have experience with animals? Yes No (circle one)
If yes, what experience do you have? _____
Do you have any pets at home under 1 year of age? Yes No (circle one)
Are all of your pets up to date on vaccinations? Yes No (circle one)
Please list any special skills or previous volunteer experience you may have:

What would you like to volunteer doing? (circle one or more)
Animal Care Adoption Events Fundraisers
Maintenance Yard Work Grooming
Clerical Dog Training Socialization
Days Available: _____ Hours Available: _____

Waiver of Responsibility:

Each volunteer must read and sign below. Children under the age of 18 **must** have parental consent to volunteer and **must** have a parent or guardian signature below.

I, the undersigned, for myself and my heirs, hereby waive and release any and all rights and claims for damages that I may have against the Clark County SPCA, Inc., their employees or agents. I agree to hold them harmless from all cost, expense and liability arising out of my volunteer work. I also agree to follow the volunteer policies and procedures and all safety procedures.

Signature: _____ Date: _____
Signature of parent or guardian: _____

Once you have turned in your application, please come in whenever you are available. We do not call and ask for volunteers to come in unless we have a large project we need help with. We will also post on Facebook when we need extra help but you are welcome to come in anytime.

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APPROVED DENIED