



**Types of services you are able to perform for the Humane Society** (Please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Walking Dogs                      | <input type="checkbox"/> Fundraisers        |
| <input type="checkbox"/> Dog Care (bathing / grooming)     | <input type="checkbox"/> Pet Therapy        |
| <input type="checkbox"/> Dog Obedience                     | <input type="checkbox"/> Grant Writing      |
| <input type="checkbox"/> Cat Care (socialization/grooming) | <input type="checkbox"/> Education Programs |
| <input type="checkbox"/> Transportation/Errands            | <input type="checkbox"/> Office Tasks       |
| <input type="checkbox"/> Shelter Repair & Maintenance      | <input type="checkbox"/> Yard Work          |

How often are you able to volunteer?  Once a week  Once a month  As Needed

How much time are you able to offer?  Hours per week  Hours per month

Are you interested in being on our Resource (fundraising) Committee?  Yes  No thank you

Would you be interested in being involved with our newsletter?  Yes  No thank you

Would you be interested in helping maintain our website?  Yes  No thank you

Do you have any special skills, resources, or services that might be helpful? (Animal care experience, building skills, fundraising, legal resources, non profit experience, computer services, etc.)

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**Waiver** (please read & sign):

I hereby assume liability for any injury, illness, damage, loss or other liability incurred while performing work for the Franklin County Humane Society. Further, I hold harmless the FCHS, its sponsors, and any other parties connected with the organization in any way, individually or collectively, from all costs, expense, liability arising from my or my child's participation as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of parent / guardian, if under age 18

<b>For FCHS Staff Use Only:</b>	Date: ___/___/___
Comments: _____	
_____	
Approved or Denied by: _____	