



## **VOLUNTEER APPLICATION/RELEASE WAIVER**

***Please write legibly or your application will not be processed.***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone# \_\_\_\_\_ cell # \_\_\_\_\_ **Email Address** \_\_\_\_\_  
Over 18? \_\_\_\_\_ If no, list age \_\_\_\_\_ & DOB \_\_\_\_\_ ***(email address is mandatory)***

Emergency Contact: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**Are you volunteering to fulfill community service hours for graduation, honor society, court-mandated etc.?**

**CIRCLE: YES - OR - NO**

Please Provide Details \_\_\_\_\_

### **WAIVER OF LIABILITY AND AGREEMENT TO INDEMNIFY**

THE UNDERSIGNED acknowledges that he/she desires to perform certain services (collectively, the "Services") for the LICKING COUNTY HUMANE SOCIETY, an Ohio non-profit corporation ("LCHS"). The Undersigned further understands and acknowledges that certain risks may be associated with performing the Services.

In consideration of being permitted to perform the Services for LCHS, the Undersigned, for himself/herself and his/her heirs and representatives voluntarily and knowingly executes this document and expressly waives any and all rights, claims or causes of action including, without limitation, those involving bodily injury or property damage to the Undersigned, or to the Undersigned's family or property while the Undersigned is engaged, directly or indirectly, in performing the Services, whether or not caused by the negligence of LCHS, its officers, directors, agents, or employees.

In further consideration of being permitted to perform the Services for LCHS, the Undersigned hereby agrees to indemnify, defend, and hold LCHS, its officers, directors, agents and employees harmless from and against any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand, or cause of action, brought against LCHS, its officers, directors, agents or employees, jointly or individually, for bodily injury or property damage suffered as a result of the Undersigned's negligent, reckless or willful act or omission in the performance (or failure to perform) of the Services.

The Undersigned has read and fully understands the contents of this Waiver of Liability and Agreement to Indemnify. This Waiver of Liability and Agreement to Indemnify shall continue in full force and effect until terminated in writing and in the event of such termination shall remain applicable to all matters occurring or first arising on or before the date of such termination regardless of such termination.

\_\_\_\_\_  
Signatory's Signature Date

\_\_\_\_\_  
Signatory's Name (Please Print) Date

\_\_\_\_\_  
Printed Name of Legal Guardian Date

\_\_\_\_\_  
Signature of Legal Guardian (required if Signatory is a minor)

\_\_\_\_\_  
Shelter Attendant Signature Date

**Bring the completed application to the shelter, and our Volunteer Coordinator will process your application and respond via email with next steps.**

**Please note that all applicants over 18 will be subject to a background check based on public records. A Photo ID is required for this application to be processed.**

**Thank you for your interest in the LCHS Volunteer Program!!**