



**New Nodaway Humane Society**

829 South Depot St. | P.O. Box 185 | Maryville, MO 64468  
660.562.3333 | nnhsmanager@embarqmail.com  
<http://www.newnodawayhumanesociety.org>

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## VOLUNTEER FORM AND AGREEMENT

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Student:  Yes  No If yes, what school? \_\_\_\_\_

Do you belong to a fraternity, sorority or another group?  Yes  No

If yes, which one? \_\_\_\_\_

**What are you interested in doing?**

- Walking Dogs
- Grooming Dogs
- Grooming Cats
- Fundraising
- Other: \_\_\_\_\_
- Cleaning Dog Kennels
- Cleaning Cats Cages and Cat Rooms
- Transporting Animals for Rescue
- Janitorial / Clerical

**Please fill out if you check other activities besides walking dogs.**

**When are you available?** (Please put times available. Example 8-12, 1-5, 9-10, varies, etc.)

	SUN	MON	TUES	WED	THURS	FRI	SAT
Morning							
Afternoon							
Evening							

Any other specific times: \_\_\_\_\_

Do you have any physical limitations we should know about?  Yes  No

If yes, what? \_\_\_\_\_

In case of an emergency, who would you like us to contact? (Please list name(s) and contact info.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(home)

(cell)

(work)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(home)

(cell)

(work)

Do you have pets?  Yes  No

If yes, please list and describe all your pets and the name of your preferred veterinarian?

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Have you ever been convicted of animal abuse or neglect?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever pled guilty to a felony?  Yes  No

**Waiver, Assumption of Risk and Hold Harmless Agreement and Volunteer Agreement:**

I \_\_\_\_\_, understand that I am responsible for my own transportation to and from the New Nodaway Humane Society. I also need to be responsible for any snacks/meals for myself. It is expected of me to report to this site by the specified time. Should a problem arise, I will contact the Humane Society immediately. It is my responsibility to dress appropriately, as well as to bring boots, safety glasses, masks, and/or earplugs if necessary.

I understand that volunteering at an animal care organization is not without risk to myself, members of my family or guests who may attend with me, because some of the animals to which I may be exposed to may be difficult to control and may be the cause of injury or illness even when handled with the greatest of care. I hereby waive all claims for damage, of any type whatsoever and release and forever discharge the New Nodaway Humane Society, a not-for-profit corporation, from any and all claims, damages, losses, or liabilities of any nature, for injury or damage which I or my guest may suffer in connection with my attendance or participation in volunteering. I expressly assume the risk of such damage or injury when attending any volunteer activity or other function, or while on the property or the surrounding area thereto. I fully release the New Nodaway Humane Society in the City of Maryville and its employees, directors and other volunteers from any and all liability as a result of injury to me in relation to my participation.

I agree that I will abide by all safety rules and requests by the New Nodaway Humane Society staff. I understand that I must be at least 18 years of age to sign this waiver or that my parent/guardian has signed this agreement for me. I understand that volunteers must be at least 14 years old and of appropriate maturity to volunteer without a parent or another adult who will be responsible for volunteer's actions.

I understand that the work site employee will be the recognized authority while I am at the New Nodaway Humane Society.

There will be sensitive and personal information regarding the operation of the shelter, employee activity, families that adopt or bring animals for adoption and families who have had an animal removed from their home. I am expected to treat all information acquired during volunteer activities in a professional and confidential manner.

I have read the above agreement and understand that my responsibility and commitment. If for any reason I do not fulfill my responsibility or what my superior asks of me, I understand that I will be asked to leave. If appropriate, my parent/guardian will be contacted to pick me up immediately.

I have read the above agreement carefully and fully understand its terms and agree to sign same to not hold the New Nodaway Humane Society harmless for any claims or injuries forever associated with this agreement.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Humane Society Rep.: \_\_\_\_\_ Date: \_\_\_\_\_