



The Humane Society of Moab Valley
 P.O. Box 1188
 Moab, UT 84532
 435-259-4862
 www.moabpets.org

VOLUNTEER APPLICATION

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone #: _____ Cell #: _____ Work #: _____
 Best Time to Call: _____ E-Mail: _____

HOW CAN YOU HELP?

FUNDRAISING / PUBLIC AWARENESS

- Distribute information
- Arts & Crafts; Sewing
- Graphic Design
- Staff sales & info table at special events and/or Adoption Days
- Media Public Relations
- Baking

OFFICE WORK

Data Entry Phone work Computer Skills : _____

WORKING WITH THE ANIMALS

- Provide a Foster home
- Volunteer @ Adoption Days: Once per month
- Critter Companion/Exerciser
- Provide Transportation outside of Moab (Salt Lake, Grand Junction, or Denver)
- Provide an Emergency Foster Home (5-7 days)
- Twice per month
- Provide Transportation within Moab

ANYTHING ELSE? (other skills, availability, time commitment, etc.)

I agree to release, discharge, indemnify, and hold the HSMV harmless for any and all damage to my personal property while performing my volunteer services to the HSMV in a voluntary capacity.

I recognize that in handling animals for the HSMV, there exists a risk of injury including personal, physical harm. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless the HSMV, its agents, servants, and employees from any and all claims, causes of actions or demands, of any nature or cause connected with my Volunteer Agreement. This might include costs, attorney's fees, and court costs incurred by the HSMV in connection with my volunteer services based on damages or injuries which may be incurred or sustained by me in any way. Such damages or injuries might include, but are not limited to, animal bites, accidents, injuries, and personal property damage.

I understand that public relations are an important part of volunteering at the HSMV. I, therefore, agree on behalf of myself, my heirs, personal representatives, and executors to allow the HSMV to use any photographs taken of me for use in public relations efforts. The HSMV will use reasonable efforts to notify me, but such notification is not a condition of the photographs' release for public relations purposes.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Release and agree to comply with the same.

 Date Signature of Volunteer (or Parent/
 Guardian for Minor Child) Printed Name of Volunteer