



NAWS

Humane Society of Illinois

Volunteer Application

Date: _____

Thank you for volunteering with the National Animal Welfare Society (NAWS)! We are excited to have you join our family of volunteer and staff members that have a strong passion for, and want to change the face of, animal welfare. Please complete the form in order to better assist you in finding the volunteer opportunity that you would enjoy.

APPLICANT INFORMATION

APPLICANT: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PRIMARY PHONE: _____ CELL PHONE: _____

PLEASE SELECT YOUR AGE RANGE: _____ (under 18) _____ (18-50) _____ (51+)

DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____ If yes, describe: _____

EMERGENCY CONTACT INFORMATION

NAME AND ADDRESS:

NAME AND ADDRESS:

PHONE:

PHONE:

ALTERNATE PHONE:

ALTERNATE PHONE:

RELATIONSHIP (MOTHER, SPOUSE, ETC)

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VOLUNTEER AREAS OF INTEREST

Please check the areas you are interested in volunteering:

<input type="checkbox"/> Check	Activity	<input type="checkbox"/> Check	Activity
<input type="checkbox"/>	Feline Hall Helper – Cat suite cleaning, socialization, etc.	<input type="checkbox"/>	Public & Community Event Planning/Coordinating
<input type="checkbox"/>	Showing Adoptables at Petco/Petsmart on Weekends	<input type="checkbox"/>	Administrative Tasks (Mailings, Data Entry, etc.)
<input type="checkbox"/>	Fostering Medical or Special Needs Dogs or Cats	<input type="checkbox"/>	Transporting (To/From Vets, Shelters, Rescues, Fosters)
<input type="checkbox"/>	Fostering Puppy and Kitten Litters	<input type="checkbox"/>	Community Service for school/church*
<input type="checkbox"/>		<input type="checkbox"/>	Court ordered community service*. If available, a \$50
<input type="checkbox"/>		<input type="checkbox"/>	donation is required. Reason for Court Ordered Service
<input type="checkbox"/>		<input type="checkbox"/>	(Required):

*NOTE: All Community Service volunteers are required to track and record their own hours, obtaining a sign off from the front desk after each time volunteering. We can not be responsible for researching volunteer hours. In addition, requests for Court Ordered Community Service are subject to advance Board approval.

PLEASE COMPLETE OTHER SIDE!

VOLUNTEER APPLICANT QUESTIONS

Please list the days and times that you are available to volunteer:

Day(s)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Preferred Time							

Please tell us why you would like to volunteer with NAWS:

Please list any volunteer groups you are involved with (Other Animal Groups, Salvation Army, Scouts, etc.)

Please provide any additional skills you may have that you would like to contribute to NAWS:

Thank you SO very much! We are very thankful to have such devoted supporters and volunteers. Together we can make a big difference in the lives of homeless pets.

Please read and sign the attached Liability Release Form.

FOR STAFF USE ONLY

You can e-mail to Jeannine@NAWSUS.org, or fax to 708-478-5803,
or Drop Off/Mail To: NAWS Campus, 9981 W. 190th St., Suite A, Mokena, IL 60448

Thank you and welcome to the NAWS family!



Volunteer Activities Waiver

All persons participating in any event or activity organized or sponsored, in whole or in part, by the National Animal Welfare Society (NAWS), including but not limited to fostering pets, volunteering at the campus or medical center, volunteering at events and any other such activities are required to read, agree to, and sign this waiver before participating in any such event or activity.

I hereby release and forever discharge NAWS and their employees, volunteers, directors, officers, administrators, agents, and assigns (herein collectively referred to as NAWS), from all liability for any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of any injuries (e.g., including, but not limited to, dog or cat bites), both to person and property, including without limitation to any animals owned, fostered, or supervised by any attendee and/or economic and non-economic losses which I may suffer, which may result from, or develop in the future as a result of my participation in any event or activity sponsored by NAWS. I further agree that if, despite this Release and Waiver of Liability, I or anyone on my behalf makes a claim against NAWS, I will indemnify, save and hold harmless NAWS from any damages, losses and expenses including, but not limited to, legal fees, courts costs, and litigation expenses.

Neither this waiver nor the circumstances leading to its execution shall be deemed an acknowledgement by NAWS that, as of the date hereof, any such claim exists or will exist or that the activities and events of NAWS are hazardous or present any unusual risks. This release is binding on my heirs, executors, assigns and administrators. The undersigned is aware of the risks of attending, traveling to and participating in said events or activities and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

I hereby declare that I have read and understood and voluntarily accept the terms and conditions of this Release and Waiver.

Signature: _____ Date: _____

Printed Name: _____

Parent or Guardian of volunteers under 18 years of age: I hereby give my consent to allow my child (ward) to volunteer various services for NAWS and agree to hold harmless NAWS for any claim, loss or damage incurred by such child. I understand that this child will have contact with animals, which are sometimes unpredictable and are capable of inflicting injury or property damage, and I agree to assume those risks.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ Parent's Printed Name: _____