

James A Brennan Memorial Humane Society

437 Nine Mile Tree Rd
Gloversville, NY 12078
Phone: 518-725-0115

Volunteer Service

Name: _____ Date of Birth _____

Address: _____ City _____

State: _____ Zip Code _____ Phone _____

Date of last Tetanus shot _____ Family Physician _____

Who to call in emergency _____

Relationship _____ Phone _____

I, _____ volunteer to assist as directed at the James A. Brennan Memorial Humane Society at my own risk. I understand that I must abide by all policies of the establishment as well as all local, State, and Federal laws, including, but not limited to OSHA standards. I shall not hold the JABMHS responsible for any injuries incurred while on their property or in their service. I am aware of the following conditions:

- Fulton County has been designated as a Rabies County. Therefore, I must not have any direct contact with any of the animals, except those selected by the staff.
- If I have agreed to help on any particular day or time, I understand that the staff and animals will depend on me. (I am aware that I should call, in advance, to notify the staff if and when I cannot assist them.)
- I agree to follow the directions of the staff and to do only the tasks assigned to me by the staff.
- I understand that I will not be compensated in any way for work I perform at, or for the JABMHS.

Please check any of the following duties in which you would be interested:

<input type="checkbox"/> cleaning and feeding cats	<input type="checkbox"/> brush dogs
<input type="checkbox"/> cleaning dog and puppy runs	<input type="checkbox"/> brush cats
<input type="checkbox"/> washing dishes, litter pans etc.	<input type="checkbox"/> dust/vacuum office
<input type="checkbox"/> washing walls	<input type="checkbox"/> straighten up closets
<input type="checkbox"/> sweeping and mopping	<input type="checkbox"/> sort newspapers
<input type="checkbox"/> laundry	<input type="checkbox"/> fundraisers (bake sales, radio-a-thon, etc.)
<input type="checkbox"/> walk dog's	<input type="checkbox"/> major projects (Painting, remodeling, etc.)

I have read, understand and agree to the contents of this document.

Volunteer's Signature _____ Date _____

(Under 18) Parent/Guardian Signature _____

Shelter Representative Signature _____