



VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

And return application to CSHS, P.O. Box 215, Chaska, MN 55318

Carver-Scott Humane Society really values all of its volunteers. We currently do not have a shelter but will try and offer as many opportunities as possible. Please see below

Date

Name

Address

City, State & Zip

Phone Numbers (Home) (Day) (Cell)

Email address

Occupation

Special Skills

Please indicate age if under 18 years old

Do you volunteer for any other animal organizations? If yes, please describe:

Yes or No - Please add my name and address to the Carver-Scott Humane Society newsletter database.

If interested in Fostering please circle YES and list the animals that you currently have in your home. Please keep in mind all pets must have current immunization records.

PLEASE CIRCLE INTERESTS

FUNDRAISING & COMMUNITY EVENTS

**Pet Walk
Brat Stands
Bike Ride
Book Sale
Bake Sale
Coin Bank Program
Poster Distribution
Photos with Santa
Parades
Wine Tasting Event
Information & Education Booths**

OTHER OPPORTUNITIES TO HELP

**Board of Directors
Website
Newsletter
Database
Media & Public Relations
Storage Management
Capital Campaign
Grant Writing
New Shelter Committee
Youth Coordinator**

P.O. Box 215, Chaska, MN 55318
(952) 368-3553

www.carverscotths.org



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A TETANUS SHOT IS STRONGLY URGED FOR ADDED PROTECTION

Applicants Agreement

In signing this application, I understand and agree to the following:

I authorize Carver-Scott Humane Society to seek emergency medical treatment in case of an accident, injury or illness.

I agree to abide by all instructed policies and procedures.

I will take ideas, constructive comments, suggestions and criticisms directly to the volunteer coordinator.

If communication problems develop between myself and others, I will report to the volunteer coordinator to whom I am accountable.

I will keep confidential any/all information that is not in the best interest of the animal and/or the new or past owner, or any information pertaining to the operation of Carver-Scott Humane Society.

I have been advised and understand that if I am injured, while acting as an unpaid member of the volunteer staff, that the State worker's compensation law does not cover me.

I _____ understand that I am not an employee of Carver-Scott Humane Society. I will not hold CSHS, its staff or directors responsible for any injury or illness incurred or occurring while I am a volunteer worker for CSHS.

I also will not hold Carver-Scott Humane Society responsible for any actions or injuries involving my own animals when they are used for CSHS programs.

DATE: _____ **APPLICANT'S SIGNATURE:** _____

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