



VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

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

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:** _____

P.O. Box 215, Chaska, MN 55318

(952) 368-3553

www.carverscotths.org