



YES, I WANT TO VOLUNTEER FOR OCONEE REGIONAL HUMANE SOCIETY

PLEASE PRINT

NAME _____ TODAY'S DATE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL _____

AREA OF INTEREST (CHECK ALL THAT APPLY)

- **OFFICE RECEPTION** (Phones, Clerical, Reception)
(11 am – 3 pm, Mon - Sat) _____
- **DOG ROOM CLEANING & CARE** (Feed & let dogs out to potty, Clean Up, & Laundry)
(Available Times: 8 am, NOON, 4 pm, 7 pm) _____
- **CAT ROOM CLEANING** (Feeding, Litter Boxes, Floors, & Laundry)
(Available Cleaning Times: 8:30 am) (Available Feeding Times: 4:30 pm – 7:30 pm) _____
- **WEEKEND ADOPTIONS & EVENTS** (Athens, Milledgeville, Greensboro, & surrounding areas) _____
- **FOSTERING A PET** (Caring for a kitten/cat or puppy/dog in your home to help prepare them for adoption) _____
- **SPAY & NEUTER PROGRAM** _____
- **EDUCATION IN OUR COMMUNITY AND SCHOOLS** _____
- **PUBLICITY** (Take pictures, Write articles/ads/pet profiles, graphic design, social media) _____
- **FUNDRAISING** (Planning events, working on committees) _____
- **COMMUNITY PET FOOD DISTRIBUTION** (bag and/or distribute food at food pantry events) _____
- **VOLUNTEER RECRUITMENT** _____
- **YARD MAINTENANCE** (grass cutting, weeding, shrub trimming) _____
- **Transportation** (transport animals to and/or from adoption events, vet appts, foster homes, etc.) _____

ADDITIONAL INFORMATION:

How often can you volunteer? _____

Would you like to be included in our email blast list? _____

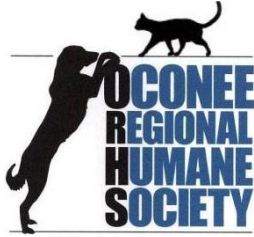
THANK YOU FOR VOLUNTEERING!

Volunteer Coordinator: Jill Schurig 314-704-1809

1020 Park Avenue, Suite 101, Greensboro, GA 30642

www.ORHSpets.org • ORHSpets@gmail.com • 706-454-1508

Please complete BOTH sides of this application!



OCONEE REGIONAL HUMANE SOCIETY

Volunteer Waiver & Hold Harmless Agreement

Name of Volunteer: _____

Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

I recognize that working with animals places me at physical risk, and I agree to assume that risk. I understand and acknowledge that though ORHS has taken all reasonable measures to protect me, accidents and injuries still occur.

I do hereby hold and save harmless, ORHS, its officers, directors, employees, and agents from any and all liability of any nature or kind from any claim, demand, action, suit, and otherwise of any type whatsoever, directly or indirectly including cost or expenses for or on account of any and all damages or injuries which may be sustained at off-site events.

I am at least eighteen (18) years of age or accompanied by my parent and I have read and understand the above statements.

Volunteer signature

Volunteer Name Printed

Date

***If volunteer is a minor, the signature of a parent or legal guardian is required:**

I am at least eighteen (18) years of age and have read and understand the above statements.

Parent Signature

Parent Name Printed

Date

Please complete BOTH sides of this application!