



Address: (For Correspondence Only)
 Help Save Pets
 24020 Riverwalk Ct
 Plainfield, IL 60544

Fax: 815-436-8084
 Website: www.helpsavepets.org
 email: volunteer@helpsavepets.org
 Revised 7/28/09

HSP Volunteer Application

(please print clearly)

(You must be 16 years or older to volunteer. Ages 12-15 can participate as a volunteer only when a parent/guardian co-signs this application and is present with the child at this activity.)

Name: _____ Birth Date: _____

Address: _____ City/Zip _____

Phone: _____ Alt Phone #: _____

DL#: _____ Occupation: _____

Email _____ *(email address is important for contacting you, please write legibly.)*

Do you have medical insurance? **YES NO** With what company? _____

Have you and your family members had a Tetanus shot within the last 10 years? **YES NO**
 If not, we strongly recommend being vaccinated against tetanus prior to working in any capacity around animals.

What areas most interest you in helping out? (Mark all that apply)

- Adoption Counselor
- Community Events
- Fundraisers
- Fostering*
- Animal Transports
- Other (please describe) _____

* If interested in fostering, please fill out the Temporary Care Provider Application as well.

When are you available to volunteer? **Days Nights Weekends Other** (please specify) _____

Have you ever volunteered for another group? **YES NO** Where? _____ How long? _____

If **YES**, what were your responsibilities? _____

What is your history of working with animals? _____

Do you have any special needs we should be aware of? (Allergies, lifting restrictions, etc.) **YES NO**

If **YES**, please explain. _____

WAIVER OF LIABILITY: In volunteering for Help Save Pets, I understand that there is always a risk of injury to myself or my property. I recognize that Help Save Pets cannot and does not guarantee that the animals I am working with are not aggressive or destructive in all situations, and that volunteering to work with animals is inherently risky in nature. In signing this waiver, I am accepting this risk and will take full responsibility for any medical or financial costs for damages incurred during my volunteering. I absolve Help Save Pets and any other person or organization affiliated with it from all liability and damages.

Applicant's Signature: _____ Date: _____

If under 18, Parent/Guardian Signature: _____ Date: _____