



Glacial Lakes Humane Society and Shelter

1305 6th Ave NW, Watertown, SD, 57201

glaciallakeshumanesociety.wordpress.com

glhsas@hotmail.com

(605) 882 - 2247

VOLUNTEER APPLICATION

Thank you for volunteering your time to help the animals. The animals need you!

Because of insurance, if you are under the age of 14 you need to have a parent/guardian with you at all the times while you are at the shelter. If you are under the age of 18, you will need a parent/guardian signature before volunteering. You are welcome to volunteer whenever we are open - there is no need to sign up for a schedule - just come in and be sure to sign in and out on the volunteer log.

Please make sure you fill out the back portion of this application.

Name: _____

Home Phone: _____ Cellphone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Person: _____

Relation to you: _____ Phone: _____

If you are volunteering through a program (school, court-ordered, etc.) please indicate the following:

Organization: _____ Name of Contact: _____

Phone: _____

Numbers of hours you are required to work: _____

Would you like to be included in out-of-shelter events as a volunteer? Yes No
(Setting up and breaking down Glacial Lakes Humane Society fundraising events)



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RELEASE, WAIVER AND ASSUMPTION OF RISK

I hereby agree that if I am accepted as a volunteer worker for the Glacial Lakes Humane Society and Shelter, I agree to comply with all of the volunteer policies and procedures which may be established from time to time by GLHSAS. I understand that failure to comply with the volunteer policies and procedures of GLHSAS may result in the immediate termination of my volunteer assignments and privileges.

I understand and agree that if accepted as a volunteer, all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind, that I will not be an employee of GLHSAS nor otherwise derive any benefits normally available to employees of GLHSAS, and that GLHSAS shall incur no liability of any nature as a result of my volunteering for GLHSAS.

I understand that public relations are an important part of volunteering with GLHSAS. On behalf of myself, my heirs and personal representatives, I give GLHSAS permission to use and publish photographs taken of me as a volunteer for use in its public relation efforts.

By signing this waiver, I acknowledge that I understand its intent, and I, for myself and my family or participating group. Do hereby agree and will absolve and hold harmless the GLACIAL LAKES HUMANE SOCIETY AND SHELTER, from and against any blame and liability for any injury, harm, loss, inconvenience or any damage of any kind whatsoever, which may result from or be connected in any way to my participation in any and all events.

I hereby agree to follow all of the guidelines and regulations required for events, to prevent injuries, damages or mishaps, involving any volunteer, animal or Glacial Lakes Humane Society and Shelter representative participating in the event.

I certify that I have read this waiver and understood its significance.

*** If you are under 18 parent or guardian must sign ***

Printed Name: _____

Signature: _____ Date: _____

Volunteer's Age: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____