



Phone: 336-438-2023  
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Website: [hsaconline.org](http://hsaconline.org)  
PO Box 5117, Burlington, NC 27216

## Volunteer Application

Please fill out and return this form to the Humane Society of Alamance County. You will be contacted by an HSAC Volunteer Coordinator to discuss upcoming opportunities. Thank you!

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

*Volunteers under age 15 must partner with a parent while volunteering.*

I am interested in helping with the following:

- Fundraising committees
- Special events
- Luv-a-Pet Feline Adoption Center
- Adoption Fairs
- Office help: mailing, labeling, folding
- Other: \_\_\_\_\_

Describe what you hope to get from your volunteer experience:

- A sense of giving something back, of contributing to a good cause
- Meet other animal lovers
- Learn more about HSAC and what it does for the community
- Increase my skills in: \_\_\_\_\_

I have the following skills to contribute: \_\_\_\_\_  
\_\_\_\_\_

**Please read and sign:** In consideration of HSAC accepting my application, I agree to release and hold HSAC harmless from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in HSAC's programs. I understand there are certain risks inherent in handling

animals and I accept those risks. I understand if an accident or injury should occur, no matter how minor, that I will notify HSAC and seek any necessary medical attention utilizing my own medical insurance.

I agree that HSAC may photograph my participation in this program, and I hereby release any such photographs to HSAC for use in its programs, publications and purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_