



# Metro East Humane Society

8495 State Route 143  
Edwardsville, IL 62025  
Phone (618) 656-4405  
Fax (618) 659-1613  
[www.mehs.org](http://www.mehs.org)

## Volunteer Application

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ *(will only be used for MEHS purposes)*

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Are you presently employed? Yes / No Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

Do you have any health limitations *(allergies, etc.)*: \_\_\_\_\_

Previous or present volunteer work: \_\_\_\_\_

Special talents or areas of interest *(typing, painting, maintenance, grooming)*: \_\_\_\_\_

Volunteer activities you are interested in *(circle all that apply)*:

- |                     |                      |                     |                 |                |
|---------------------|----------------------|---------------------|-----------------|----------------|
| Grooming            | Exercising           | Dog Kennel/Cat Room | Socialization   | Special Events |
| Volunteer Committee | Facility Maintenance | Humane Education    | Adoption Events |                |

Where did you hear about the MEHS Volunteer Program?: \_\_\_\_\_

Do you understand that due to pet overpopulation, MEHS performs humane euthanasia? Yes / No

Days and times available for volunteering: \_\_\_\_\_

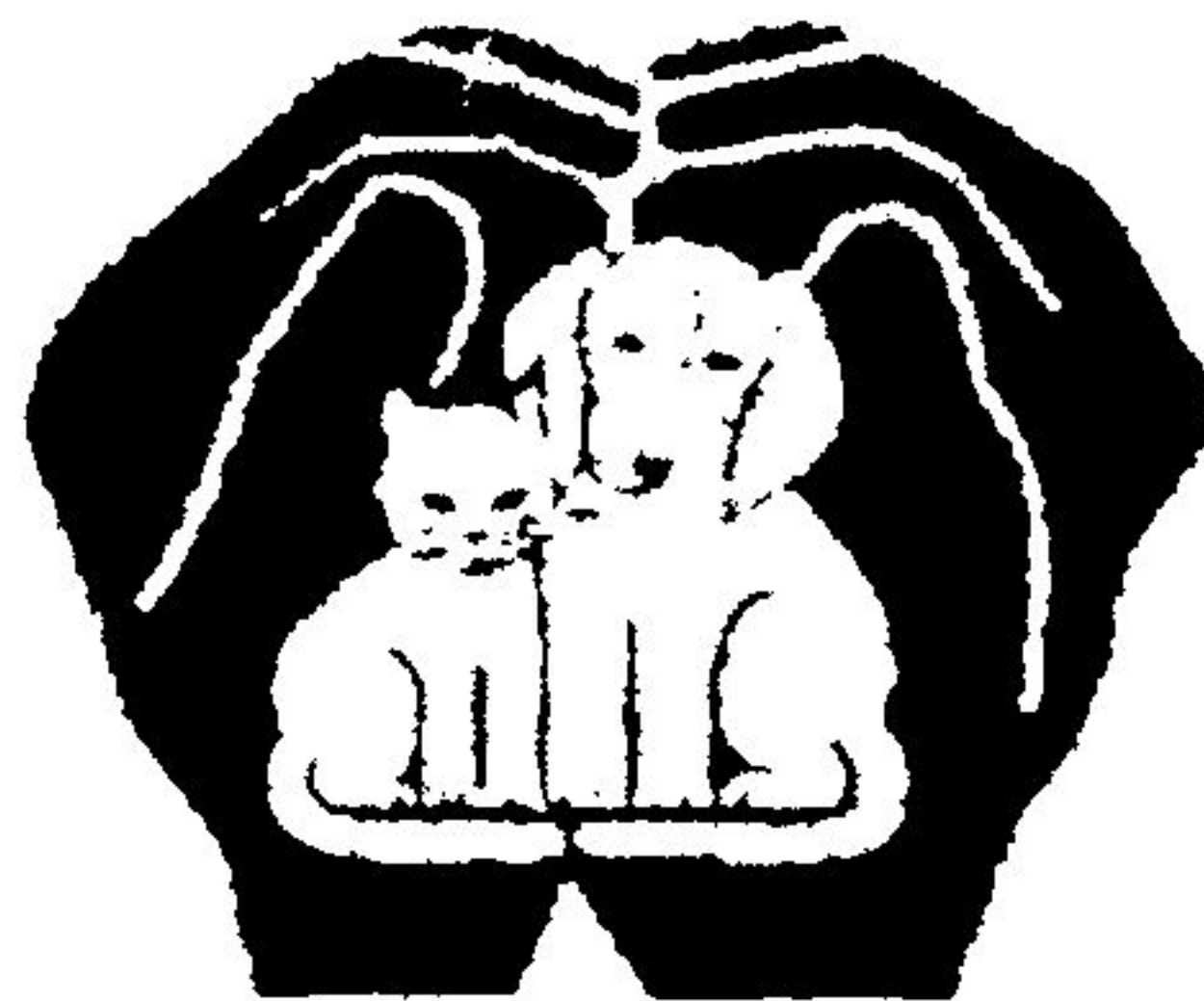
### Applicant Agreement:

In signing this application, I understand and agree to complete a volunteer orientation and animal handling training before interacting with animals. I also authorize the Metro East Humane Society to seek emergency medical treatment in case of accident, injury, or illness and to hold harmless MEHS in event of accident, injury or illness.

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

Guardian's Signature\* *(if under 18)*: \_\_\_\_\_ Date: \_\_\_\_\_

\* I understand that if I am not at least 18 years of age, I must be accompanied at all times by an adult guardian who has attended the volunteer orientation.



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### Volunteer Waiver & Release of Liability

As a volunteer for the Metro East Humane Society (MEHS), I acknowledge that I am subject to risks of personal injury, including disability and death, and/or property damage. In consideration for being allowed to work as a volunteer for MEHS, whether on or off the premises of MEHS, on behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby waive, release, discharge and agree to hold harmless the Metro East Humane Society, its employees and its Board of Directors, from any and all claims and liability for any death, disability, injury or damage I may incur whether to my person or my property as a result of my volunteer activities.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

MEHS Witness: \_\_\_\_\_ Date: \_\_\_\_\_