



VOLUNTEER APPLICATION

****Indicates required field****

Today's Date: ____/____/____ ***Name:** _____ ***DOB:** ____/____/____

***Phone Number:** _____ ***Email:** _____

please include a valid email address as this is a primary source of communication - @icloud.com is NOT a valid address

Address: _____ City/State: _____ Zip: _____

***Emergency Contact:** _____ Relationship: _____

***Phone Number:** _____

****Please keep in mind that any children over the age of 8 years may participate in volunteering. However, any child under the age of 18 years old must be accompanied by a parent or guardian at all times. Anyone under the age of 18 years old are not permitted to handle animals directly**** If you are the parent of an underage child who wishes to volunteer, please fill out the information below.

***Child's Name:** _____ ***Child's DOB:** ____/____/____

Allergies: _____ School: _____

VOLUNTEER ACTIVITIES

Please check the activities that are of interest to you:

Walking dogs () Dog Enrichment () Clerical Work () Cat Socialization () Repair Work ()

Transporting () Cleaning () Special Events () Dog Bathing/grooming () Outreach ()

Other (specify) _____

AVAILABILITY

Please list what days you are available to volunteer at the shelter/events

Monday _____ Thursday _____ Sunday _____

Tuesday _____ Friday _____ Anytime _____

Wednesday _____ Saturday _____ Other: _____

Other paw-esome things we need to know about you:

Please return or mail the completed application to:

Grand Strand Humane Society, 3241 Mr. Joe White Ave., Myrtle Beach, SC 29577
Fax to: 843-445-2821

OR

Email to volunteer coordinator: volunteergshs@gmail.com

From everyone here at the Grand Strand Humane Society, we thank you for volunteering. Your application will be reviewed by our volunteer coordinator and you will be contacted directly for further training. We look forward to seeing you!!

STATE OF SOUTH CAROLINA

RELEASE OF LIABILITY

COUNTY OF HORRY

This release is executed on the _____ day of _____, _____ by _____
(month) (year) (your legal name)

of _____
(street address, city, and zip code)

hereinafter referred to as Releaser, to The City of Myrtle Beach and The Grand Strand Humane Society of Horry County, South Carolina, herein referred to as Releasee.

In consideration of being permitted to volunteer and work with the sheltered animals, I, the releaser, hereby release and discharge The City of Myrtle Beach and The Grand Strand Humane, Inc. and each of them, from all liability to the Releaser, his/her/their legal representatives, heirs, and assigns for any and all loss or damage, any claim or damages resulting from therefrom, on account of injury, accident, or illness to the Releaser, even injury resulting in the death of the Releaser, whether caused by the negligence of the Releasee or otherwise while the Releaser is volunteering.

Releaser agrees to indemnify and hold harmless the Releasee and each of them from any loss, damage, or cost they may incur due to volunteering in or upon the property of the Releasee whether caused by the negligence of the Releasee or otherwise.

Releaser expressly agrees that this release, waiver, and indemnity is intended to be as broad and inclusive as permitted by the Laws of the State of South Carolina, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I further release all officials and professional personnel from any claim whatsoever on account of first aid or any service rendered the Releaser during the time volunteering.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

Releaser with the intention of bind himself or herself, his/her heirs, legal representatives, and assigns, expressly releases and discharges Releasee from all claims, demands, and causes of action that the Releaser may have arising from any accident, injuries, or illnesses, and by reason of any and all known and unknown, foreseen and unforeseen bodily injuries and consequences thereof that may be sustained by the Releaser as a consequence of any injury or illness associated with volunteering.

Releaser further states that he/she has carefully read the foregoing release and knows the contents thereof and signs this release as his/her free act. IN WITNESS WHEREOF, Releaser has executed this release the day and year first above written.

DATE: _____ Releaser Signature: _____

DATE: _____ GSHS REP/EMP Signature: _____