

Humane Society of the Tennessee Valley
P. O. Box 9479
Knoxville, TN 37940
865-573-9675
www.humanesocietytennessee.com

VOLUNTEER INFORMATION FORM & CONSENT

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Driver's License # _____ State: ____

Email: _____

Occupation: _____ May we call you at work? _____

How often would you like to volunteer? _____

Specific days or hours you are available? _____

Previous volunteer experience? _____

Previous experience working with animals? _____

Special skills or interests? _____

Have you previously volunteered for HSTV? _____ If yes, when and what was
your reason for leaving? _____

Are you volunteering for a class or institutional requirement? _____

If so, what class or institution and how many hours? _____

** Please note: You MUST inform your instructor if you are volunteering to fulfill
a requirement!

*** Court ordered community service hours are not part of HSTV's volunteer program. Those
individuals should call 573-9675 for further information.

EMERGENCY INFORMATION

Contact Name: _____ Relationship: _____

Contact Phone: _____ Date of last Tetanus shot? _____
(This agency recommends that all volunteers have a current tetanus vaccination.)

Any medical conditions we should know about? _____

Signature of Volunteer or Guardian: _____

ANY VOLUNTEER 16 YEARS OF AGE OR YOUNGER IS CONSIDERED A MINOR AND MUST HAVE A PARENT OR GUARDIAN PRESENT WHENEVER VOLUNTEERING.

Consent for minor: I (parent or guardian), _____, give my consent for (minor's name) _____ to volunteer at the Humane Society of the Tennessee Valley.

CONSENT- RELEASE (All volunteers must read and sign.)

I understand that my participation in any program at the Humane Society of the Tennessee Valley is strictly on a volunteer basis. Therefore no insurance against bodily harm is provided for me. I agree to release the Humane Society of the Tennessee Valley, a non-profit organization, from any responsibility for any and all injuries or damages incurred during my participation as a volunteer in any HSTV program.

Signature: _____ Date: _____

I confirm that the information on this form is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to adhere to HSTV policies including but not limited to wearing my name tag whenever on HSTV premises or at any HSTV event, following HSTV safety rules and guidelines, completing the "Volunteer Log" whenever I am at any HSTV facility, and carrying out my duties as a HSTV volunteer effectively. I understand that it is against HSTV policy to be on any HSTV property or at any HSTV event without my own transportation. I understand that if I violate HSTV policies, I may be dismissed as a volunteer.

Signature: _____ Date: _____