



## Tupelo Lee Humane Society Volunteer Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Age: (Check one) \_\_15-18 \_\_19-30 \_\_31-45 \_\_46-60 \_\_60+

(Under age 15 must have parent or adult come with you to volunteer)

Emergency Contact & Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**TLHS Hours:** Mon - Fri: 9 am - 5:30 PM / Sat: 9 am - 2:30 PM / Closed Sundays

**Spay Clinic Hours:** Mon- Fri, Normally hours are 8:30 till 3

I would like to volunteer \_\_\_\_\_ hours per week or \_\_\_\_\_ hours per month.

Please indicate which days and times you would prefer to volunteer:

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_

Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Other \_\_\_\_\_

### Areas of interest:

**Please check all that apply.**

- Canine care     Feline care     Marketing     Fundraising     Photos
- PetsMart Weekends     Community Events     Spay Clinic     Fostering
- Other (Please specify) \_\_\_\_\_

Do you have any allergies or physical conditions that might affect your volunteer work?

If so, please describe:

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What experience do you have working with animals?

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- I understand the possible risk of bringing home illnesses from the Shelter to personal pets or vice versa and must have current vaccinations for animals at home.
- I understand the potential safety risks of working with animals.
- I understand that all volunteer work done with TLHS is at my own risk, and hereby release Tupelo Lee Humane Society (TLHS) and its employees, agents, members, and board of directors of any and all liability.

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