

Heart of Minnesota Animal Shelter Volunteer Application

(320) 234-9699
www.heartofminnesota.org

21918 180th St
Hutchinson MN 55350

If you would like to volunteer your time to help make the Heart of Minnesota Animal Shelter a viable, effective shelter, please complete this form and bring it to the Animal Shelter during adoption hours (Tues/Thurs 5-7pm and Sat 1-5pm). You will then be contacted by a shelter coordinator to schedule orientation and training. Thanks for your time and support!

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Preferred method to be contacted (check one): Phone Call _____ Email _____

Emergency Contact Person: _____

Would you like to be notified of shelter volunteer opportunities via email: Yes No

→ Are you 16 years of age or older: Yes No → Are you 18 years of age or older: Yes No

Do you have any animal care experience or health issues / limitations we should be aware of?

Please describe: _____

How many hours per month would you like to volunteer? _____

Please check all the tasks that you might be interested in helping with.

_____ Socializing Animals ___Dogs___ Cats _____ Newsletter Creation

_____ Walking Dogs _____ Grant Writing

_____ Helping with Fundraisers/Events _____ Animal Care Committee/Coordination

○ Pet walk

○ Rummage Sale

○ Outreach Events

○ Brat Stand

_____ Volunteer Committee/Coordination

_____ Distribute Newsletters/Posters

_____ Office Communications/Computer

_____ Gardening/Painting/Landscape

_____ Photography/Video

_____ Other interests or abilities

(Please describe interests and abilities below)

_____ Animal Foster Care

Heart of Minnesota Animal Shelter Waiver

In consideration for the opportunity to participate as a volunteer in the activities for the Heart of Minnesota Animal Shelter ("HMAS"), I hereby agree to hold the HMAS and its respective officers, employees, and members free from any and all liability and I hereby agree to waive, release and discharge for myself, my heirs, executors and administrators any right or claim for damages which I may now have or hereafter accrue to me and which arise out of my participation as a volunteer in any of the activities or duties of the Heart of Minnesota Animal Shelter.

Additionally, I confirm that the information provided on this application is correct and understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to adhere to HMAS policies and carry out my duties as an HMAS volunteer effectively and with respect to staff, other volunteers, and community. I give my permission to HMAS to verify the information given and to use my likeness in shelter materials and promotions.

Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature: _____

For HMAS Use:

Training Completion Date Cats: _____

Data Entry Date: _____

Training Completion Date Dogs: _____

Data Entry Date: _____