



Volunteer Application & Medical Release

First & Last Name _____ Date _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ 2nd Phone _____ Email _____

Age _____ Birthdate _____ Allergies/Medical Conditions _____

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Have you ever been convicted of a Felony? YES NO Driver's Lic # _____

I, _____, understand that Randolph County Humane Society will not be held liable for any illness, injury, or accident that may occur while I am volunteering for Randolph County Humane Society. I am aware of the risk of illness including but not limited to Ringworm, Tapeworms, Roundworms, Hookworms, and Mange; the risk of injury including but not limited to Scratches, and Dog/Cat Bites; the risk of accidents including but not limited to falling, and tripping. I understand that it is my responsibility to seek medical attention should that event occur. I understand the importance of washing my hands thoroughly after handling animals to reduce the risk of infection and the importance of a tetanus shot.

I, _____, give permission for Randolph County Humane Society to treat myself in case of an emergency. I understand that Randolph County Humane Society will contact both of the Emergency Contact numbers first for guidance in an emergency situation. If no guidance is available, I give permission to Randolph County Humane Society to take the appropriate action in having me seen by a licensed medical professional. I understand that Randolph County Humane Society requires a copy of my medical insurance card and I have submitted the copy to them prior to volunteering and that I will be responsible for any medical expense.

Signature _____ Date _____

Randolph County Humane Society - 414 W. Belmont Street - Sparta, Illinois 62286
phone: 618.443.3363 | fax: 618.282.1749 | web: www.RandolphHumane.org