

Shelter Outreach Services of Ohio VOLUNTEER APPLICATION and INFORMATION FORM

691 East Dublin Granville Road | Columbus, Ohio 43229



Contact Information:

Name: _____ Email: _____

Address: _____

Phone Number(s): Home: _____ Cell: _____

Medical Insurance Carrier: _____ Auto Insurance Carrier: _____

Emergency Contact Information:

1) Name: _____ Phone Number(s): _____

Address: _____

1) Name: _____ Phone Number(s): _____

Address: _____

Waiver

By signing this volunteer application form, I agree to release Shelter Outreach Services of Ohio (SOS of Ohio), its officers, directors and volunteers of the organization, from any and all claims, demands, actions or causes of action which, in any way, arise from my participation in volunteer activities or events. In case of illness or accident, permission is granted for emergency transport and/or treatment to be administered. It is further understood that I will assume full responsibility for any such action, including payment of cost.

Name (in print): _____

Signature: _____ Date: _____

Volunteer Preferences:

Would you like to work recovery at our clinic? Yes No Maybe _____

(This involves monitoring animals as they come out from anesthesia, cleaning ears, taking temperatures, and providing subcutaneous fluids as ordered by the vet, etc.)

Would you like to help with fundraising and/or supply donations? Yes No

Would you like to help with humane education for the public? Yes No

Would you like to transport animals to and/or from the clinic? Yes No

Would you like to help with general housekeeping, cleaning and maintenance? Yes No

Would you like to help with office work? Yes No

If so, are you comfortable answering/making phone calls? Yes No

Would you like to help with event planning? Yes No

