



VOLUNTEER APPLICATION – Thrift Store

Shelter:
429 N.W. Scenic Dr.
Grants Pass, OR 97526
541 479-5154

Thrift Store:
1169A Redwood Ave.
Grants Pass, OR 97527
541 955-3367

Please provide your personal information:

Name _____

Address _____ Apt. _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Please circle your age group: 18 – 30 31-50 Over 51

E-mail address _____

Emergency Contact _____ Relationship _____

Contact Phone _____ Alternate Phone _____

Please indicate the hours between 10:00AM and 4:00PM which you would be available to commit to working on a regular schedule:

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Saturday _____

Are you able to be on the "call list" for substituting? Yes ___ No ___

Have you volunteered with our organization in the past? ___ If so, when?

Please list two (2) references, who are not family members:

NAME	RELATIONSHIP	PHONE NUMBER

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RELEASE:

If accepted as a volunteer worker for Rogue Valley Humane Society, a non-profit corporation, I realize I am not a paid employee and am not covered by any workman's compensation insurance or any other insurance or guaranteed medical payment coverage, which would compensate me should I be injured while on the premises of Rogue Valley Humane Society or off the premises but while volunteering for Rogue Valley Humane Society. I fully release, discharge and hold harmless forever Rogue Valley Humane Society, its corporation officers, director, board of directors and other volunteers from any and all things, acts, omissions or conditions which may cause me damage or injury or any other problems.

Applicant Signature _____

Date _____