



SafeHaven Humane Society  
33071 Highway 34 SE  
P.O. Box 2018  
Albany, OR 97321  
(541) 928-2789  
www.safehavenhumane.com

## VOLUNTEER PHOTOGRAPHER APPLICATION

**Please provide personal information:**

(personal information is for SHHS use only)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Occupation and Employer \_\_\_\_\_

**Please provide a contact person in case of emergency:**

Emergency Contact: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

**Why are you interested in becoming a volunteer photographer at our shelter?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any photography or commuter related skills you possess.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please give a brief explanation of your personal experience with animals, particularly dogs and cats.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SafeHaven asks for a twice a week commitment for a three month duration. Scheduling will be flexible, but agreed upon by Community Outreach Coordinator.**

**WAIVER OF RESPONSIBILITY**

I \_\_\_\_\_ (adult's name) and  
\_\_\_\_\_, (child's name)  
\_\_\_\_\_, (child's name)

am/are about to participate in the voluntary care of animals at SafeHaven Humane Society, and I am doing so entirely upon my own initiative, risk, and responsibility. I hereby for myself, me heirs, my executors remise, release, and discharge the SafeHaven Humane Society, it's officers and employees from all claims, demands, actions, or cause of action on account of any injury to me which may occur during my volunteer time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature (Signature of parent or guardian if under 18)