

**ANIMAL SHELTER
VOLUNTEER INFORMATION FORM**

Name: _____ Date: _____

Address: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Age: _____

Do you have any health problems, which would interfere with your working with animals? _____ If yes, please explain: _____

Please check the jobs you would like to help with:

- | | | |
|---|---|--|
| <input type="checkbox"/> Answering phone | <input type="checkbox"/> office work | <input type="checkbox"/> walking dogs |
| <input type="checkbox"/> Adoption counselor | <input type="checkbox"/> general cleaning | <input type="checkbox"/> bathing dogs |
| <input type="checkbox"/> Running errands | <input type="checkbox"/> bathing cats | <input type="checkbox"/> grooming dogs |
| <input type="checkbox"/> Playing with puppies | <input type="checkbox"/> playing with kittens | <input type="checkbox"/> feeding |
| <input type="checkbox"/> Raising very young puppies or kittens in your home | <input type="checkbox"/> mowing & yard work | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Pictures for PetFinder.com | | |

Please indicate the days and times of the week you would be available to volunteer: _____

*Orientation sessions will be held before volunteers will be permitted to work at the shelter.

In consideration of the shelter accepting my application for participation in the volunteer program, I agree to release and hold harmless the shelter from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in the volunteer programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, that I will seek any necessary medical attention utilizing my own medical insurance.