



Volunteer Application

Please Print

Name: _____ Orientation Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

VOLUNTEERS MUST BE 16 YEARS OF AGE OR OLDER TO VOLUNTEER. WE DO NOT MONITOR VOLUNTEERS.

Birthday: _____ Age: _____

Emergency Contact: _____ Phone: _____

Your pet experience: _____

Why do you want to volunteer?: _____

Have you ever volunteered for Animal Friends Humane Society before? _____ When? _____

- I would like to help with: Socialization Fostering Cleaning Events Newsletter Maintenance
- Fundraising Website Carole's Canine Companions Veterinary Clinic

THE AFHS IS NON PROFIT AND ALWAYS NEEDS FINANCIAL, PRODUCT, OR SERVICE DONATIONS. DO YOU KNOW A PERSON OR COMPANY WHO MAY BE INTERESTED IN HELPING? _____

VOLUNTEER TERMS:

I am aware that the activities in which I may participate as a volunteer for the Animal Friends Humane Society ("AFHS") may be dangerous and involve risks of injury. I have had an opportunity to ask questions about the nature of the activities as well as the risks to me, and all such questions have been answered to my satisfaction. Despite my understanding of the risks inherent in these volunteer activities with AFHS, I wish to participate. My participation is entirely voluntary, and I may elect not to continue at any time. In consideration of AFHS allowing me to volunteer, I hereby assume all the risks associated with participation and agree to accept responsibility for any injuries which I sustain. I further agree to release and hold AFHS, its employees, agents, representatives, trustees and all other individuals associated with the volunteer activities in which I participate harmless from any and all claims, demands or liabilities which may arise from my participation.

Volunteer Signature:

Parent or Guardian Signature if under 18:

Date:
