



VOLUNTEER APPLICATION

Please print clearly

Last Name: _____ First Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ @ _____ Today's Date: _____

As you under 18 Yes _____ No _____ School: _____

Why would you like to volunteer? _____

Do you have any special skills? _____

Would you be interested in being a Foster Home for an animal? _____ If so, Type of Animal _____

Please tell us about specific Interest: (Please check all that apply)

Administrative/Office: _____ Animal Care: _____ Events: _____ Grounds/Yard Work: _____ Other: _____

Waiver of Liability

(Adult): I, _____, the undersigned, do hereby hold T-Town PAWS (TTP), its agents and employees harmless from any liability resulting out of my participation in Volunteer Programs at TTP or as a passenger in any vehicle owned or operated by TTP and I do further waive any and all claims against TTP which I have now or may have in the future, arising out of my personal participation in said programs, or as a passenger, and any future covenant not to sue TTP for damages resulting from participation in said programs either in the past or in the future.

(Minor): _____ has our permission to participate in volunteer programs at T-Town PAWS (TTP) and I (we) as parent (s), or guardian (s) do hereby, for my son/daughter myself, my heirs, executors and administrators, remise, released forever discharge TTP and all officers, directors, employees, agents and volunteers or the organization acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted events. I hereby certify that the minor is my son / daughter and that the date of birth is _____, and I do hereby certify to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named minor has had all the following allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician. (If none, please write "none). Please note any known allergies or medical conditions here.

Signature: _____

Parent /Signature (s): _____

Parent Guardian's Printed Name(s): _____

Contact phone Number for Parent / Guardian () _____ or _____