



VOLUNTEER FORM

NAME: _____ ARE YOU OVER 18? ____ YES ____ NO

ADDRESS: _____

CITY/ ZIP: _____

CELL #: _____ HOME #: _____

EMAIL: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____

CELL #: _____ HOME #: _____

HOW DID YOU HEAR ABOUT THE PROGRAM? _____

PREVIOUS VOLUNTEER EXPERIENCE? _____

DO YOU HAVE ALLERGIES? _____

WHY DO YOU WANT TO BE A VOLUNTEER? _____

WHEN ARE YOU AVAILABLE? (PLS CIRCLE): **MON TUE WED THU FRI SAT SUN**

BEST TIME TO CONTACT YOU? _____

I hereby agree that I am providing volunteer service to **ROCK 'N PAWZ RESCUE**, to assist in various tasks as they relate to the care of foster pets and the needs of the pet adoption center. I understand that **ROCK 'N PAWZ RESCUE** and PetSmart are not responsible for any illness, injury, or damages caused by animals that I come in contact with during any volunteer work. I further agree to hold harmless and release from all liability **ROCK 'N PAWZ RESCUE** and PetSmart, should I become sick; injured; or my property damaged, from any animals as a result of my volunteer work.

Volunteer Signature: _____

Date: _____

(Print Name): _____