



DATE _____

JUNIOR VOLUNTEER APPLICATION (10 to 15 years of age)

May volunteer ONLY with a supervised adult

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Name of Parent/Legal Guardian: _____

Address: _____
(If different from above)

Phone: _____ Work Phone: _____

INTERESTS WHEN VOLUNTEERING

Dog Care	Cat Care	Fundraising & Events	General Shelter Care

AVAILABILITY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Other areas not listed above: _____

List any special skills or talents: _____

Emergency Contact Information

Name: _____

Address: _____

Phone: _____ Work Phone: _____

TURN OVER FOR SIGNATURES

Volunteer / Release Waiver

The undersigned, as a volunteer of the Friendship Animal Protective League, does hereby release the Friendship Animal Protective League, its officers, trustees and employees from any and all liabilities, claims, demands, suits, actions, and causes of which actions may arise out of the undersigned's work as a volunteer for the Friendship Animal Protective League.

The undersigned further acknowledges that his/her work as a volunteer may involve contact with animals which may bite or otherwise cause injury to the undersigned.

The undersigned assumes the risk of any injuries incurred as a volunteer with the Friendship Animal Protective League in executing this Waiver and Release.

The waiver/release must be completed before any individual may volunteer for the Friendship Animal Protective League.

Signature of Junior Volunteer

Date

Signature of Parent or Legal Guardian

Date