

# Vincennes Animal Shelter

## Application to volunteer

**(Please print clearly)**

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone (Other): \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone (Other): \_\_\_\_\_

### Liability Waiver

I understand that as a volunteer at-will, neither party shall have any legal recourse as a result of the termination of this relationship. I hereby acknowledge and recognize the possible risk in working with animals, and that it can lead to serious injury, or death. I hereby understand and assume the responsibility of any and all liability and risk associated with volunteering at Vincennes Animal Shelter (VAS). I hereby waive and release VAS, its agents and representatives, from any and all claims which may accrue out of, or in connection with being a volunteer. These include my attorney's fees and court fees. I also grant permission to VAS and its authorized agents to use my name, image and any other record of my participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18 years of age)

I hereby give permission for applicant to be transported to and be treated by doctor(s) elected by VAS, in case of an emergency of accident. Volunteers under the age of 16 must bring adult supervision when they come to VAS.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under the age of 18)