



VOLUNTEER APPLICATION

Peach County Animal Rescue

Your Name: _____

Address: _____

Phone: _____ **Email:** _____

Date of Birth: ____/____/____ (must be 18 years of age)

____ I have a full time job ____ I have a part time job

I can realistically help ____ hours each week, during these days & times: _____.

____ I am covered by health insurance with _____ company.

____ I do not have health insurance coverage*

**If you do not have coverage, do you understand that expenses from possible injury will not be covered by Peach County Animal Rescue? _____*

Have you ever been investigated by Animal Control for any reason? ____ Have you worked/volunteered with a humane society, shelter, or in animal care? ____ If yes, please list organization(s) _____ Is your involvement with the organization(s) listed above current? ____

What pets do you have? (use space below)

Who do you use for a veterinarian? (use space below)

Why do you want to volunteer with Peach County Animal Rescue? (use space below)

If I am accepted into the volunteer program, I agree to adhere to our procedures and policies, and all rules and regulations of Peach County Animal Rescue _____

I also understand that the behavior of domestic animals is at times unpredictable and that some domestic animals are capable of inflicting property damage, serious personal injury, and even death. I am well aware of the risks of handling domestic animals, and with such understanding, I hereby waive, release and forever discharge the Peach County Animal Rescue, its employees, agents, from any and all claims (whether present or future) arising out of the my participation in the Volunteer Program. _____

Please rank the top 3 areas that interest you, with 1 being the area that interests you most:

___ Adoption – Greeter, counselor ___ Socialization/Training – Working with dogs and cats ___
Spay/Neuter ___ Education ___ Events – ___ Fundraising

Signature _____

Printed Name _____

Date _____