

Volunteer Application

Name			
Address	Ema	Email	
City	State	Zip	
Phone (Day)	(Evening)	(Cell)	
Do you have any pets?	If yes, tell us about the	m:	
What skills of yours do you h	ope to bring to AAP?		
 Enjoy working with pee Genuine concern for the Willing to work hard, go Self-motivated, mature Willing to learn about and the Willing to learn about a willing the William about a will be will b	nust have a parent/guardian fill out ople he welfare of all animals get dirty, and help in a variety of an e, sensitive, dependable, and a tea animals and how to properly interacted kindly, gently, and professionals is NOT tolerated about clients of AAP is strictly confirmitment and must be taken serious resent themselves in a profession ic ions should be directed to senior volven representing AAP should be ative attention is unacceptable media (TV stations, newsprint, etc. and Barb Gagnon fundraising (including phone, for AAP must first be approved by the fully acquainted with AAP and volunteer to simply shadow a senioned.	reas am player act with them ally adential sly all manner – friendly and colunteers clean and neat – clothing c.) is directed only through internet, email, or store the board d its operations – it is not or volunteer for some time correct to the best of my	
Signature		Date	

Waiver Releasing Adopt-A-Pet for Accidents or Injuries

All efforts are made to keep people safe while working with Adopt-A-Pet animals. There will always be an Adopt-A-Pet Volunteer in charge. However, Adopt-A-Pet is not responsible for accidents or injuries which may result in the course of volunteering with our agency. It is the sole responsibility of the Volunteer/Parent to meet all expenses associated with any physical damages or personal injuries which may result.

Name (Please Print)		
Signature	 Date	