

Happy Endings Animal Rescue P.O.Box 1835 Pinedale WY 82941 307-360-6000

Volunteer Application

Date: _____

Name: _____ Age : _____ (must be 13 years old to volunteer. If under 16 years of age, must be accompanied by a parent or guardian).

Mailing Address: _____

City: _____ Zip Code: _____

Physical Address: _____

City _____ Zip Code: _____ Home Phone: _____

Work Phone _____ Cell Phone _____

E-Mail Address: _____

Do you have pets in your home?
_____ Dogs _____ Cats _____ Other _____

Are your pets spayed/neutered? _____

Employer: _____ Full or Part Time _____

Have you ever volunteered at a Humane Society, Animal Shelter, Rescue Group or other animal related organization? _____ If so, could you tell us about how you helped: _____

Animal Preference: Dog _____ Cat _____ Either _____

Areas of Interest: _____ Frequency: _____
_____ Dog Walking _____ One time only
_____ Kitty Care _____ Once in a while
_____ Educational _____ Regular/Frequent
_____ Computer _____ Seasonal
_____ Fundraising _____ Other _____

Are you able to make a weekly commitment to the rescue? _____

Could you tell us how many hours you would like to commit to volunteering weekly: _____?

Name: _____ Name _____

Phone Number _____ Phone Number _____

Relationship: _____ Relationship: _____

Volunteer Hold Harmless Agreement/Release of Liability

I fully understand and agree to assume all risks involved in any duties that I perform at the Happy Endings Animal Rescue in my volunteer capacity and I agree to hold the Happy Endings Animal Rescue harmless for any injury(s) which I might sustain during the course of my volunteer duties.

The volunteer duties are as follows but are not limited to interacting with dogs at the town shelter, walking dogs, interacting with the cats in rescue (may be at various locations) such as the the town shelter and cats in foster homes.

This waiver does include myself, all of my family members and descendents forever from seeking any legal action whatsoever against Happy Endings Animal Rescue or its representatives.

Signature _____ Date _____

Address _____ Contact # _____ (12/2015))