

Pets Without Parents Columbus Volunteer Application

We appreciate your interest in our shelter and your desire to serve. Volunteering for the shelter can be a very rewarding experience. PWP has many volunteer opportunities available. All volunteers must be at least 8 years of age. Those under 13 yrs old must be accompanied by an adult, both at the orientation and during each visit to the shelter. Please bring the completed application to your Volunteer Orientation. You must preregister for volunteer orientations. We have an adult orientation as well as a family/youth orientation. Please go to our website (www.petswithoutparents.net) for more information. Orientation lasts approximately one hour.

NAME: _____ D.O.B. _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: (____) _____

WORK or CELL PHONE: (____) _____

EMAIL ADDRESS _____

EMERGENCY CONTACTS:

1) NAME: _____ R.SHIP: _____

PHONE 1: _____ PHONE 2: _____

2) NAME: _____ R.SHIP: _____

PHONE 1: _____ PHONE 2: _____

ANIMAL EXPERIENCE:

DO YOU HAVE ANY PETS? _____ IF SO, WHAT KIND? _____

WHO IS YOUR VET? _____

**You will want to make sure your pets are current on their vaccinations, including parvovirus and bordetella inoculations for dogs.

WHAT PREVIOUS EXPERIENCE HAVE YOU HAD WORKING WITH PETS? _____

WHY DO YOU WANT TO VOLUNTEER? _____

RELEASE OF LIABILITY: As a volunteer at Pets Without Parents, I, for myself, my heirs, executors and administrators, waive and release all rights and claims to damages I may have against Pets Without Parents Columbus, 629 Oakland Park Ave., Columbus, Ohio 43214, or its representatives for any injuries suffered by me while I am a volunteer. I understand this waiver extends to any individual or organization providing animals to Pets Without Parents. I attest that I am physically fit and that my personal health can be verified by a physician. By signing the application you are authorizing the use of any screening agencies to verify criminal history and you give Pets Without Parents the right to call your veterinarian.

Signature

Date

Signature of parent of guardian (if under 18 years of age)

Date