



**Friendship Animal Protective League**  
**8303 Murray Ridge Road**  
**Elyria, Ohio 44035**  
**440-322-4321**

**Junior Volunteer Application (10-15)**  
**\* Must be accompanied by a parent or legal guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent(s)/ Legal Guardian \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Availability**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Interests when Volunteering**

Dog Care/Walking	Cat Care	Adoptions	Fundraising & Events	General Shelter Care

**Other Areas Not Listed Above** \_\_\_\_\_

**List any special skills or talents** \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Volunteer Waiver

The undersigned, as a volunteer of the Friendship Animal Protective League, does hereby release the Friendship Animal Protective League, its officers, trustees and employees, from any and all liabilities, claims, demands, suits, actions, and causes of which actions may arise out of the undersigned's work as a volunteer for the Friendship Animal Protective League.

The undersigned further acknowledges that his/her work as a volunteer may involve contact with animals which may bite or otherwise cause injury to the undersigned.

The undersigned assumes the risk of any injuries incurred as a volunteer with the Friendship Animal Protective League in executing this Waiver and Release.

The waiver/release must be completed before an individual may volunteer for the Friendship Animal Protective League.

Signature of Parent/  
Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of  
Young Adult \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_