



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

Young Adult Volunteer Application (16-17)

*** May volunteer alone with permission of 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 _____