



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

Young Adult Volunteer Application (16-17 years)

* May volunteer alone with permission of parent or legal guardian

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Interests in Volunteering

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

Other Areas Not Listed Above _____

List any special skills or talents _____

Emergency Contact Information

Name _____

Address _____

Home Phone _____ Cell/Other 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 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 any individual may volunteer for the Friendship Animal Protective League.

Signature of Parent/
Legal Guardian _____ Date _____

Young Adult Signature _____ Date _____

Witness Signature _____ Date _____