



# VOLUNTEER SERVICE APPLICATION

**Personal Information:** (All fields required unless otherwise indicated.)

**Date of Application:** \_\_\_\_\_

Full Name:

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

Street Address:

Cell Phone:

Work Phone:

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip:

What is the best way to contact you?

\_\_\_\_\_

\_\_\_\_\_

Email Address: (optional)

\_\_\_\_\_

## Emergency Contact:

Full Name:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

## References:

(All Fields required. Do not list family members.)

Reference 1:

Reference 2:

Full Name:

Full Name:

\_\_\_\_\_

\_\_\_\_\_

Address:

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

Relationship:

Relationship:

\_\_\_\_\_

\_\_\_\_\_



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I, \_\_\_\_\_, hereby agree to accept a position as a volunteer worker for the Farmington Pet Adoption Center, (herein after referred to as the "Center"), and in doing so, I agree to comply with all of the rules and regulations established by FPAC. I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of the FPAC. All services will be performed at my own risk.

I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury including physical harm caused by the animals, or disease or infection contracted from the animals. On behalf of myself, my heirs, person representatives, executors, successors and assigns, I hereby release, discharge, indemnify and hold harmless FPAC, it's agents, servants, and employees from any and all claims, causes of action, or demands, or any nature or cause, including costs and attorney's fees and disbursements incurred by FPAC in connection with the same, based on any alleged or claimed damages or injuries which may be incurred or sustained by me in any way connected with my services to FPAC, including but not limited to animal bites, accidents, infection, disease or any other injuries.

This agreement shall take effect commencing on: \_\_\_\_\_  
Date

Volunteer's Signature:

Volunteer's Name: (printed)

\_\_\_\_\_

\_\_\_\_\_

If you are 18 years old or younger, a parent/guardian's signature is required.

Parent/Guardian's Signature:

Parent/Guardian's Name:

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please contact:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_