



COMMUNITY SERVICE application CHARITABLE HOURS

(School, Church, Scouts, non-court)

OFFICE USE:

Contact Date/Initials: _____

Orientation Date/Initials: _____

Training Date/Initials: _____

PLEASE PRINT CLEARLY

Today's Date: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work: _____ Email: _____

Please state why you need community service hours (school, church, scouts, other):

How many hours were you assigned? _____ Completed by Date _____

Contact/Institute Name *(if applicable, teacher, , church, etc.):* _____ Ph: _____

Emergency Contact Name: _____ **Relationship:** _____

Phone: _____ **Cell:** _____

How did you hear about the Animal Welfare League? _____

Do you own any companion animals? If so, please list the type _____

Do you have any known allergies to animals? _____

Do you have any previous volunteer experience? _____

Which organization(s) did you volunteer with? _____

Do you have any experience with animals? Yes: ___ No: ___

If yes, what types of animals have you worked with before? _____

What is your availability (days and times) to complete your required hours?

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Why are you interested in completing your hours at the Animal Welfare League? _____

Continued...

JUNIOR COMMUNITY SERVICE RELEASE (AGES 15-17 ONLY)

Medical Release Information

I hereby give permission for the applicant to be transported and treated by a doctor(s) elected by the Animal Welfare League in case of emergency or accident.

Parent/Guardian _____ Signature Date: _____

LIABILITY WAIVER - ALL APPLICANTS

I hereby acknowledge and recognize the possible risk in working with animals and that it can lead to serious injury or death. I hereby understand and assume the responsibility of any and all liability and risk working at the Animal Welfare League. I hereby waive and release the Animal Welfare League, its agents and representatives from any and all claims which may accrue to me, my heirs, guardians, administrators, executors or assignees, including my attorney's fees and court (collecting cost "claims") arising out of, or in connection with being a volunteer. I also grant permission to Animal Welfare League and its authorized agents to use my name, image and any other record of my participation.

Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(For ages 15-17 ONLY)

TETANUS SHOT VERIFICATION (OPTIONAL)

My last tetanus shot was received within the last 5 years. Date of vaccination: _____

Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(For ages 15-17 ONLY)

Updated Jan 2006