

VOLUNTEER FORM

Name _____
(please print)

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (other) _____

E-Mail _____

Day's Available _____

Time Available _____

Area of Interest _____

RELEASE FORM

I, _____ would like to volunteer at the Northeast Ohio SPCA located at 9555 Brookpark Rd., Parma, Ohio 44129.

I understand that, as a volunteer, I will receive no pay and will not be covered by an insurance regarding possible injury. In exchange for becoming a volunteer with the Northeast Ohio SPCA I assume the risk of being injured at the premises and hereby release the Northeast Ohio SPCA from any liability whatsoever regarding any possible injury I may receive while acting as a volunteer for the Northeast Ohio SPCA.

I also understand that, as a volunteer, I must follow and respect the policies and procedures of the Northeast Ohio SPCA.

Date Volunteer Witness