

Volunteer Application



	Name:		Date:	
Address:				
Street Address		City	St Zip	
Telephone:	Email:			
Date of Birth				
Interests:				
<ul> <li>□ Fostering</li> <li>□ Cats</li> <li>□ Dogs</li> <li>□ Transportation</li> <li>□ Animal Care</li> <li>□ Office Assistance</li> </ul>			Publicity Special Events Fundraising Education Other	
<ul><li>Tuesday Hours</li><li>Wednesday Hours</li><li>Thursday Hours</li></ul>	S		Saturday Hours Sunday Hours	
Transportation:				
<ul><li>I can provide my of transportation.</li></ul>	own		I require transportation.	
working with Never Forgo associated with volunteering release, indemnify and force	otten Animal Society, Inc. ng, including but not limite ever hold harmless from a onsibility or liability resultin	I/we her d to bites ny and all	n background, health and behavior when reby accept all risks and responsibilities, disease exposure, etc. I/we hereby fully claims, Never Forgotten Animal Society my incidents, accidents or exposure while	
Signed:			_ Date:	
Parent/Guardian:				