

Dog Networking Agents

"It's in our genes to save dogs."

Volunteer Application and Agreement Form

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or Guardian if under 18 years: _____.

Address: _____ Cell: _____ EMAIL: _____

Date of Birth: _____ Driver's License No. _____

Emergency Contact:

(Name)

(Tele.No.; Indicate Home, Work or Cell)

(Relationship)

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____ Times _____

Types of volunteer work (check all that apply)

Helping at adoptions

Bathing at shelter

Transport

Fostering (we have a separate foster form)

As a volunteer for DNA, Inc., I agree to abide by all applicable rules of the organization and the shelter. I understand that I will receive no monetary benefits in return for my volunteer service and that DNA may terminate this agreement at any time without prior notice for any reason. I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined.

I hereby Release and Waive liability against Dog Networking Agents, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for DNA. Further, I agree Dog Networking Agents, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for DNA. I agree that this release is as broad and inclusive as permitted by the laws of the State of Georgia.

Volunteer Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____