



**ANIMAL WELFARE LEAGUE OF
MONTGOMERY COUNTY
VOLUNTEER APPLICATION**

Name: _____ Date _____

Date of Birth: _____ Home Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

City: _____

Place of Employment: _____

How Long? _____ Phone: _____ Email: _____

If you are here through a volunteer program (school, etc.), please indicate the following:

Agency/School: _____

Address: _____

Name of contact person: Phone: _____

Number of hours you are required to work: _____

Do you have any animals at home?

If so, please describe.

Do you have a veterinarian?

If so, please give name and contact information.

Do you have any allergies or physical conditions that might affect your volunteer work?

If so, please describe.

Have you adopted an animal from the AWL Animal Shelter?
If so, who and when did you adopt?

Are you a member of any other animal welfare organizations?
If yes, how do you participate?

Please list any restrictions that could affect your ability and or availability to participate in the volunteer program, including medical, physical, and scheduling limitations.
Have you ever been convicted of animal cruelty or neglect?
If yes, please describe.

What types of volunteer work interests you? Please circle all that apply.
9 Lives - Cat Care
Dog Care - Grooming, walking, socialization
Yard Work - weed eating, spraying for weeds, etc.
Graphic Design - Create the visual elements for promotional materials
Marketing-Fundraising - generating and implementing ideas that will raise money

Why do you want to volunteer at the AWL Animal Shelter?

Have you had any formal education in pet care or animal welfare?
If so, please describe:

Have you done any other volunteer work?
If so, please describe.

Three Personal References: (vet, other volunteers you've worked with, employers, neighbors, etc.).

Name: _____

Phone: _____

Describe Your Relationship _____

Length of Relationship _____

Name: _____

Phone: _____

Describe Your Relationship _____

Length of Relationship _____

Name: _____

Phone: _____

Describe Your Relationship _____

Length of Relationship _____

Signature of Applicant*

Date:

Signature of Parent/Guardian:

Date:

****Volunteers between 15 and 18 years of age must have parental approval.***

Office Only	
Received by: _____	Date: _____
Reviewed by: _____	Date: _____
Accepted: Yes No	

Please bring the signed Application and Agreement to the AWL Animal Shelter during our public hours, which are: Monday through Friday 12:00 AM – 5:00 PM and Saturdays 9:00AM – 3:00 PM. Alternately, you can mail your completed and signed Application and Agreement to:

**The Animal Welfare League of Montgomery County
1104 Big Four Arch Road
Crawfordsville, IN 47933**

Friends of The Animal Welfare League of Montgomery County Volunteer Agreement

In consideration of this opportunity to volunteer at the Animal Welfare League of Montgomery County Animal Shelter, I, _____ agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide by the mission, rules, regulations, policies and programs of the AWL Animal Shelter while I am a volunteer.
2. I agree to be supervised by the AWL Animal Shelter Manager or designee and will work as a team member with all volunteers.
3. I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs, and puppies in connection with my volunteer work for the AWL Animal Shelter. Neither the City of Crawfordsville, Montgomery County or the Animal Welfare League of Montgomery County is liable to me for any injuries, damages, liabilities, losses, judgments, costs, or expenses whatsoever that I might suffer or sustain in connection with the performance of my volunteer activities for the AWL Animal Shelter. I will indemnify, defend, and hold the AWL Animal Shelter harmless from and against any claims, lawsuits, injuries, damages, losses, costs, or expense whatsoever sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for the AWL Animal Shelter or my breach of the AWL Animal Shelter's rules, regulations, policies, and programs.
4. I will treat all animals, other volunteers, and the general public with dignity and respect.
5. If I will be sheltering or providing foster care or boarding for any AWL Shelter animals in my home or business, I consent to the AWL Shelter visiting my home or business from time to time to observe the animals and their living quarters.
6. I have accurately and truthfully completed this Volunteer Application and Agreement.

Signature of Applicant*:

Date:

Please print first and last name:

Signature of parent or guardian*:

Date:

**Volunteers between 15 and 18 years of age must have parental approval.*