



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: () _____ Email: _____

Occupation: _____ Employer: _____

Are you over 18? Yes No

Volunteer Interests (circle all choices):

- | | | | |
|--------------------|----------------|------------------------|---------------|
| ANIMAL CARE | ADMINISTRATION | RETAIL SALES | ADVERTISING |
| GROUND MAINTENANCE | PHOTOGRAPHY | EVENT SET UP/TEAR DOWN | PARKING |
| GAMES | ENTERTAINMENT | MARKETING | NO PREFERENCE |

OTHER: _____

List special animal related skills: _____

If office, list any office, business skills you can share (software programs, work experience, (office, sales, marketing, IT, etc.) _____

If maintenance, list skills you can share (carpentry, landscaping, HVAC, Automotive, etc.)

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer is under 18 years of age)

Emergency Contacts:

(1) Name: _____ Relationship _____

Primary Phone Number () _____ Secondary Phone Number () _____

(2) Name: _____ Relationship _____

Primary Phone Number () _____ Secondary Phone Number () _____

(3) Name: _____ Relationship _____

Primary Phone Number () _____ Secondary Phone Number () _____

Primary Care Physician: _____ Phone Number () _____

Primary Care Dentist: _____ Phone Number () _____

Do you give permission for another physician/dentist to treat you if your primary care physician/dentist is unavailable? YES / NO Signature: _____

Permission to transfer to (name hospital) _____ or another reasonably accessible hospital? YES / NO Signature: _____

Allergies: _____

Medication Currently Taking: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Other pertinent information for medical personnel: _____

I _____ hereby understand the nature of the work of those dealing with the maintenance and care of animals. I understand that injuries, although rare and usually minor, may occur. I further understand the importance of hand washing and cleanliness upon entering the facility, before and after entering each different animal room and area, and before leaving the facility. I understand the importance of having a current a tetanus shot.

I hereby release Progressive Animal Welfare Society, and PAWS Adoption Center, Inc. of any responsibility from injuries or illness to myself or to my animals because of my work at PAWS Adoption Center, Inc. facility, or any mobile PAWS function.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Please return the application via:

Email: volunteers.paws@gmail.com

Fax: (513) 422-2351

Mail: PO Box 684, Middletown, OH 45042 ATTN: Volunteer Coordinator