



A No-Kill Animal Shelter

# Volunteer Application

Macoupin County Adopt-A-Pet  
 a.k.a. Benld Adopt-A-Pet  
 P O Box 53 - 807 Stewart Ave - Benld IL 62009-0053  
 Phone 217.835.2538 - Fax 217.835.2537

## Personal Information

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you at least 18 years of age?  Yes  No *I understand that if I am not at least 18 years of age, I must be accompanied at all times by a legal adult guardian.*

Emergency Contact Information: Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Emergency Contact \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please list \_\_\_\_\_

Do you have any pets of your own?  Yes  No If yes, what kind \_\_\_\_\_

Name of your Veterinarian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any experience handling:  Dogs  Cats ?  Yes  No If yes, please explain briefly \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Why do you wish to volunteer with us? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

What days and hours would you be available? *Check (X) all boxes that apply.*

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
8 am - 12 nn							
1 pm - 5 pm							
Other ?							

Which of the following activities interests you? *Check all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Animal Care (Clean & Feed) | <input type="checkbox"/> Socialize Cats/Kittens |
| <input type="checkbox"/> Behavior Training          | <input type="checkbox"/> Office/Computer Work   |
| <input type="checkbox"/> Bath/Groom Dogs            | <input type="checkbox"/> Events/Fundraising     |
| <input type="checkbox"/> Socialize Dogs/Puppies     | <input type="checkbox"/> Mobile Adoptions       |
| <input type="checkbox"/> Walk Dogs                  | <input type="checkbox"/> Other _____            |

### Personal References

	Name	Phone	What is your relationship to them?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### Volunteer Waiver & Release of Liability

*I understand that there are risks of personal injury (or death) and property damage associated with volunteer activities of the type required by Macoupin County Adopt-A-Pet (a.k.a. Benld Adopt-A-Pet), a not-for-profit corporation based in the state of Illinois, in working with dogs, cats and other animals. I assume all responsibility for, and all risk of, damage, injury or death that may occur to me or to my property while engaging in any volunteer activities for Benld Adopt-A-Pet, whether such volunteer activities are performed on or off the premises of Benld Adopt-A-Pet, located at 807 Stewart Road, Benld IL 62009.*

*In consideration of being accepted as a volunteer by Benld Adopt-A-Pet, I hereby release and discharge Benld Adopt-A-Pet and all it's directors, managers, employees, members, agents, volunteers, insurers, successors and assigns from all claims, demands or actions, whether present or future, whether known or unknown, anticipated or unanticipated, and resulting from or arising out of, or incidental to my serving as a volunteer or in any other capacity for Benld Adopt-A-Pet. This release shall also be binding upon my heirs, personal representatives, successors and assigns.*

*I hereby verify that I am physically and emotionally fit and capable of performing all activities required of a volunteer for Benld Adopt-A-Pet, and that my health and fitness for such volunteer activities is verifiable by my physician. I further verify that I fully understand and agree to, without exception, the terms of this Volunteer Waiver & Release of Liability, and I attest that all information I have given in this document is true and correct.*

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BAAP Signature

\_\_\_\_\_  
Date