



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 - Email aap1@frontiernet.net

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 Avenue, 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

MCAAP Signature

Date