



FUREVER HOME ADOPTION CENTER, INC. VOLUNTEER APPLICATION

Thank you for your interest in volunteering! Our mission is to relieve the suffering of homeless animals in Lancaster County, and our vision to make Lancaster County a no-kill community for companion animals!

***Volunteers must be at least 15 years of age.**

Please complete the information below:

Full Name _____

Date of Birth _____

Street Address _____

City, State, Zip _____

Home Phone _____

Mobile Phone _____

Email Address _____

Preferred Method of Contact Email Text Call

Experience with _____

Animal Care: _____

***Volunteers are asked to make a weekly commitment for a duration of at least 6 months.**

There are several volunteer opportunities available. Check those in which you are interested:

- _____ Morning cleaning / animal care 9:30 – 11:30
- _____ Evening cleaning / animal care 5:30 – 7:00
- _____ Crafting gift shop supplies (catnip pillows, fleece beds, etc)
- _____ Data entry for microchip clinics
- _____ Other

Enter your availability in the table below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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Please list any special training or skills applicable to this position:

Please explain any limitations that may affect your volunteering:

Are you required to complete volunteer hours for school, employment, or any other reason?

YES NO

If YES, what is the time frame, and how many hours are required?

Have you ever been investigated for, had a complaint filed against you for, or had a pet confiscated for cruelty or neglect?

YES NO

If YES, please explain:



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LIABILITY WAIVER

I do hereby release Furever Home Adoption Center, Inc., (FHACI), its Board of Directors, and its volunteers from any and all liability for injuries incurred while performing volunteer services at or for FHACI. I hereby permit FHACI to use pictures/videos taken at FHACI functions and community events, in which I may appear, for communication and promotional purposes.

Signature of volunteer

Date

Signature of Parent/Guardian
if volunteer is under 18

Date

If volunteer is less than 18 years of age:

Parent/Guardian Full Name _____

Home Phone _____

Mobile Phone _____

Email Address _____

In case of emergency, please notify:

Contact's Full Name _____

Relationship to Volunteer _____

Contact's Primary Phone _____

Physician's Name _____

Physician's Phone _____



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For Forever Home's Use Only

Contacted by _____

Approved Yes No _____

Date Approved _____

Notes _____

Operation and Training

Orientation Date _____ Orientation by _____

Training Date _____ Training by _____



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FOR ADOPTION CENTER USE ONLY:

Contacted by: _____

Approved: YES NO

DATE: _____

Notes:

ORIENTATION AND TRAINING

Orientation Date: _____ By: _____

Training Date: _____ By: _____