



## 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 16 years of age.**

Please complete the information below:

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Applicable Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

- \_\_\_\_\_ Data entry for microchip clinics (must be computer proficient)
- \_\_\_\_\_ Public relations – representing FHAC at special events
- \_\_\_\_\_ Event planning – assisting in event coordination
- \_\_\_\_\_ Graphic design – flyers, banners, etc.
- \_\_\_\_\_ Communications – flyers, bulletins, calls, etc.
- \_\_\_\_\_ Other



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Enter your availability in the table below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please explain any limitations that may affect your volunteering:

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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?

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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 \_\_\_\_\_

**Complete form and email to  
fhac.marketing@gmail.com**