## Volunteer Application

Thank you for your interest in Volunteering at the Henry Trimble Animal Services! Please answer all questions as accurately and honestly as possible. To qualify for volunteering, you must:

- Be 18 years or older and have a valid driver's license or identification card stating your current address.
- If you are under 18, then a parent/guardian must fill out an application also and be always present with you.
- All answers on the application must be completed and be legible.

## Please note:

We reserve the right to refuse volunteering to anyone. Please be advised that we will not allow persons to volunteer who mislead or fail to provide accurate information on this application. You will be notified if your application has been approved.

Being approved as a volunteer does not necessarily mean you are approved to adopt and vice versa.

Writing must be legib	le		8		
Name (Last, First, Mic	dle):				
Address:					
City		State	ZIP		
Mailing Address (If D	ifferent than above	e address):			
Home phone:					
Spouse/Partner Nam	ıe:				
Email Address:					
DOB:ID	/Driver's License	#: <u></u>		State:	
Volunteer Information					
Why do you want to volunteer?					
		771-T-17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7.7		
Describe your comfo	rtability around an	imals:			
☐ I have pets of my own, I love animals!					
I have never had a pet, so I would love to learn how to care for them					
☐ I have owned pets, but my current lifestyle does not allow me to, so I want to volunteer					
☐ I have previous volunteer experience.					
	sional experience:				
	5				
Please sign: The follo	owing statements	are true to the bes	t of my knowledge	a:	
				55	
Signature:		Da	ate:		

## RELEASE OF LIABILITY

i,, iti valuable a	and sufficient volunteer by the rienry
and Trimble Counties, Kentucky, for myself, my heirs, execu	tors, and administrators, hereby
remise, release, and forever discharge the Henry and Trimb	le Counties, Kentucky, of and from
any and all manner of action or actions, cause or causes of	actions, suits, liability for personal
injury or death or damages incidental thereto, including, but	not limited to, medical bills, life
earnings, pain and suffering, claims and demands whatsoev	er, in law or equity, which against
the Henry and Trimble Counties or its employees, agents or	r representatives I have had, now
have, or which I may have on account of my taking and part	
Henry Trimble Animal Services, and anything incidental ther	
administrators hereafter can, shall or may have, for or by rea	보이 있다는 가는 가게 그렇게 되었다면 하는데 보고 얼룩하는데 되었다면 하는데
whatsoever, from this date forward. Furthermore, I realize th	
aforementioned volunteering, and anything incidental thereto	
risks and dangers to both my health and life, regardless of the	
such risks and dangers, and hereby bind my heirs, executor	
said assumption. It is my intent in agreeing to the above pro	na taona na kataona na kataona na kataona na kataona na kataona na kataona kataona kataona kataona kataona kat
Trimble Counties nor any of its employees, agents, or repres	
required to expend any money for any reason whatsoever in	
involvement, or connection with the volunteering or anything	
more in the control of the control o	9
Volunteer Signature	Date
Wittness 1	
Witness 2	Date
EMERGENCY MEDICAL INFOR	RMATION
Emergency contact name:	
Emergency contact phone#:	
Emergency medical information:	
Do you have any emergency medication: yes no	
If so, what	
Comments/Major medical concerns:	
Q.	
Volunteer Signature:	Date: