Celebrating 25 years of making tails wag PETSinc

PTI/AEP Volunteer Application

Name: _____ Phone: _____ E-mail Address: _____
Address: _____
Number of Hours Needed _____ Date To Be Completed By _____ Offense _____
Case Manager _____ Case Manager Phone _____
Do you have any disabilities that we need to take into consideration? Yes_____ No____ If yes, please explain below:
_____

For insurance purposes, we are no longer accepting community service volunteers under the age of 18 years old, nor can we have more than 12 volunteers at once.

Availability

Monday	TUESDAY	WEDNESDAY
Morning _____	Morning _____	Morning _____
Afternoon _____	Afternoon _____	Afternoon _____
Evening _____	Evening _____	Evening _____

THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning _____	Morning _____	Morning _____	Morning _____
Afternoon _____	Afternoon _____	Afternoon _____	Afternoon _____
Evening _____	Evening _____	Evening _____	Evening _____

Acknowledgment of Risk

_____ I fully understand that where my volunteer work involves contact with animals, there is a risk that I may be scratched or bitten, and I may come into contact with a diseased animal.

_____I understand that it is my responsibility to ensure that I receive a tetanus vaccination from time to time as required to ensure that I am properly vaccinated at all times when performing my volunteer work for PETSinc.

_____ I understand that I will be required to display a color lanyard at all times. (A Photo ID will be required as a deposit for the lanyard and it will be returned when the lanyard is returned.)

_____ In consideration for the opportunity to perform volunteer work for PETS, Inc., I agree to release PETSinc and its officers, employees, or agents from any liability for any damage or injury, whether arising from this contract or breach thereof or from any act of negligence or gross negligence by PETSinc its officers, employees, or agents.

PETSinc reserves the right to use volunteers from the Pre-trial Intervention Programs, ADP Courts, and Juevenile Justice Systems.

In case of emergency, notify: _____Phone: _____

_____ _____ _____
Signature **Print Name** **Date**

Date: _____ **Agent for PETS, Inc.** _____

Revised 9-18