



## **Animal Orphanage**

71 Airport Rd, Old Town, Maine 04468 (207)-827-8777

P.O. Box 565 Orono, Maine 04473

### **Volunteer Application**

I, \_\_\_\_\_, do hereby acknowledge that I am at least over the age of 16 years old and offering my services on a strictly volunteer basis. I fully understand that I could be handling, exercising and in the general vicinity of various animals that may pose a hazard to my health and well-being. I also understand that I may come into contact with medications, chemicals and substances of a hazardous nature. I understand that I may have to lift heavy objects. Accordingly, by my signature below, **I hold harmless** The Animal Orphanage, its' officers, members, volunteers, and employees from all claims of illness or injury that may result from my volunteer services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_

If under 18 years of age, Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Information (contact must not be accompanying applicant to shelter):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Volunteer Hours: Monday-Friday 8am-4pm    Saturday-Sunday 8am-1pm

Hours you are available:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Do you have any prior experience working with animals:

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Do you have any known allergies to animals, cleaning products, fabrics, etc.:

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Reason for wanting to volunteer at the Animal Orphanage:

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**If you have community service requirements, please fill out section below:**

How many hours do you need to have? \_\_\_\_\_

Reason: \_\_\_\_\_

Date hours need to be completed by: \_\_\_\_\_

I understand that The Animal Orphanage is willing to help me fulfill my (court) appointed community services hours. Therefore, I will call to notify if I cannot do the service for any reason. I further understand that if I do not do as stated above, my volunteer services will be terminated **immediately**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If children under the age of 16 are accompanying you, please fill out section below:**

Childs name: \_\_\_\_\_ Age: \_\_\_\_\_

Any known allergies to animals, cleaning products, fabrics, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Childs name: \_\_\_\_\_ Age: \_\_\_\_\_

Any known allergies to animals, cleaning products, fabrics, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Childs name: \_\_\_\_\_ Age: \_\_\_\_\_

Any known allergies to animals, cleaning products, fabrics, etc.:

\_\_\_\_\_  
\_\_\_\_\_

**Participants' Agreement to Indemnify and Hold Harmless The Animal Orphanage and  
To Release The Animal Orphanage From Liability**

I the Volunteer, \_\_\_\_\_, shall Indemnify, hold harmless, and release from any and all liability, The Animal Orphanage, its' officers, directors, members, agents, and employees from and against all claims damages losses and expenses, including attorneys' fees arising out of or resulting from the participants' volunteerism at the shelter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_