



VOLUNTEER APPLICATION

Please join us in one of the most satisfying commitments you could ever make.
Help us to speak for those who cannot speak for themselves and bring love into people's lives!

NAME: _____ DATE: _____

ADDRESS: _____ AGE: (must be 18 or over) Yes _____

TELEPHONE: home: _____ work: _____ cell: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

EXPERIENCE WITH ANIMALS: _____

DO YOU OWN PETS? Yes _____ No _____

PLEASE CHECK ALL THE PROGRAMS IN WHICH YOU ARE INTERESTED:

- PetSmart Adoption Assistant - Sundays
- PetSmart CAT Team Asst. – Mt. Juliet – A.M. or P.M.
- Kennel Volunteer
- Snip & Tip – Monthly Feral cat TNR Program
- Dog Bathing & Grooming
- Dog Socialization
- Cat Socialization
- Transport pets to veterinary office/run errands
- Foster puppy(s)/dog(s)
- Foster kitten(s)/cat(s)
- Dog Training (requires a class)
- Administrative Support
- Special Event Support
- Please note special skills, talents or abilities

PLACE AN X IN THE BOXES DESIGNATING THE TIMES YOU ARE AVAILABLE TO VOLUNTEER:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNINGS							
AFTERNOONS							
EVENINGS							

PLEASE LIST ANY MEDICAL PROBLEMS, ALLERGIES OR OTHER ISSUES WE SHOULD BE AWARE OF TO INSURE A SAFE VOLUNTEER ENVIRONMENT: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ ADDRESS: _____

RELATIONSHIP: _____ HOME #: _____ CELL #: _____ WORK #: _____

Volunteer Requirements:

- Must be 18 years old
- Complete and submit a Volunteer Application and Release of Liability Form
- Attend a NLOL dog training class if interested in working with the dogs

SIGNATURE: _____ DATE: _____



PO Box 247 | Lebanon, TN 37087 | (615) 444-1144

VOLUNTEER PROGRAMS

RELEASE OF LIABILITY FOR ADULT/CHILD

- Tetanus Information: I understand that because I, or my child if applicant is under age 18, may handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release New Leash on Life from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. By signing below, I indicate that I have read, understand and agree to the above tetanus information.
- In the event of an emergency, I hereby give New Leash on Life permission to seek medical attention for myself.
- For my protection, while volunteering with New Leash on Life, it is recommended that I wear long pants and a shirt with sleeves.
- **By signing below, I indicate my understanding that if I am injured while acting as an unpaid member of the volunteer staff I am not covered by Tennessee State Workers Compensation Law.**

In consideration of being allowed to participate in a volunteer program by New Leash on Life, I acknowledge that working with unfamiliar animals can be a hazardous activity, and I assume all the risks associated with this work. I waive all claims for damages against New Leash on Life, its officers, agents and employees for injury to my person or property that may arise from this activity, and I release New Leash on Life, its officers, agents and employees from any such liability.

This agreement shall remain in force until revoked in writing.

Signature of Participant

Print Name

Date