UNITED DOG RESCUE INC. 331 E. COMMERCIAL BLVD., OAKLAND PARK, FL 33308 954-371-0046 adoption@uniteddogrescue.org

VOLUNTEER APPLICATION

NAME	Age
Must be at least 16 or accom	panied by an adult at all times
Email	Phone
Address	
City	StateZip
Employer	
Special Skills?	
Days & Times available to Vo	lunteer
Can you commit to a day of t	he week?Which day?
EMERGENCY CONTACT	
Relationship	Phone
volunteer programs, I agree to releand against any and all loss damage whatsoever, including and without from or occasioned by my particip understand there are certain risks I understand if an accident or injusted Dog Rescue Inc staff immentilizing my own medical insurance I agree that United Dog Rescue Inc	scue Inc. accepting my application for participation in ease and hold harmless United Dog Rescue Inc. from ge, claims, liability, costs and expenses, of any nature limitation attorney's fees and disbursements, arising ation in the United Dog Rescue Inc programs. I inherent in handling animals and I accept those risks. The should occur, no matter how minor, that I will notify diately and seek any necessary medical attention e. C. may photograph my participation and hereby release og Rescue Inc for use in its programs, publications
Slgned	Date
Parent (if under 18)	



LIABILITY WAIVER - ALL APPLI C ANTS

I hereby acknowledge and recognize the possible risk in working with UNITED DOG RESCUE and that it can lead to serious injury or death. I hereby understand and assume the responsibility of any and all liability and risk working at UNITED DOG RESCUE.

I hereby waive and release UNITED DOG RESCUE, its agents and representatives from any and all claims which may accrue to me, my heirs, guardians, administrators, executors or assignees, including my attorney's fees and court (collecting cost "claims") arising out of, or in connection with being a volunteer. I also grant permission to UNITED DOG RESCUE and its authorized agents to use my name, image and any other record of my participation.

Signature:	
	Date: