



Friends of Felines and Ferals

VOLUNTEER APPLICATION FORM AND WAIVER OF RESPONSIBILITY

Thank you for your interest in volunteering at the Friends of Felines and Ferals ("FOFAF") Adoption Center ("Center")! Please provide us with some information about yourself:

Name: _____ Birthdate: _____

Address: _____

Phone Number: _____ Circle One: Cell Home Work
Days and Times You'd Like To Volunteer: _____

Do You Have Pets? _____ If Yes, what? _____

Why Do You Want To Volunteer?: _____

Please Provide 2 References (One must be a non relative)

Name: _____ Relation to You: _____ Number: _____

Name: _____ Relation to You: _____ Number: _____

Emergency Contact:

Name: _____ Relation to You: _____ Number: _____

In addition, please be aware that, by signing and dating below, you acknowledge that FOFAF is not responsible or liable for any scratches, bites, ringworm, allergic reactions or any other illness or injury that you may receive or contract while you are at the Center. This also includes, but is not limited to, any medications or medical attention that you may need as a result of visiting the Center. Please advise FOFAF if you are pregnant and/or have any medical conditions such as back problems, COPD/asthma, etc. that would affect your ability to perform certain tasks at the Center, such as scooping litter, lifting food/litter bags, etc.

Signature: _____

Date: _____