

Volunteer Application

First and Last Name: _____

Phone: _____ Email: _____

Address: _____

City, Province, Postal Code: _____

1. Do you own dogs, cats, or other pets: Yes No

2. Are all pets in your home vaccinated and sterilized? Yes No

3. Have you owned any animals in the past? Yes No

If so, where are they now? _____

4. Do you understand that rescue animals may have been in stressful situations and may be afraid or shy, can bite and it is a risk to volunteer? Yes No

Please state your preference in volunteering:

- Weekend adoption events
- Transport animals to veterinarian or weekend adoption events
- Fundraising and marketing events
- No preference

By submitting this Application, you agree that you have read and understand the above information and agree that you will not hold any representative associated with AbbracciamiAdottami responsible for any destructive or aggressive behavior exhibited by any animal, or for any other problems that may arise as a result of the time spent as a volunteer. You also understand that you are not guaranteed to become a volunteer. Thank you for considering becoming a Volunteer.

Signature: _____ Date: _____

AbbracciamiAdottami Representative: _____