



790 Devils Bottom Road  
Lancaster, VA. 22503



804-436-7396



NorthernNeckPartnersForPets.org



## Volunteer Application and Acknowledgment

PLEASE PRINT YOUR INFORMATION NEATLY

### Your Information (please include both your mailing and physical address if different):

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

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

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

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Contact:

Name and Phone Number: \_\_\_\_\_

Animal Care Experience: \_\_\_\_\_

Type of Volunteer Job Desired: \_\_\_\_\_

I have read, understand, and agree to the Volunteer Guidelines set forth by the Northern Neck Partners for Pets. I fully understand and agree that I am providing my services in a volunteer capacity without any expressed or implied promise of salary or employment benefits. I agree to perform my volunteer duties to the best of my ability and adhere to the Guidelines. I further understand that my volunteer involvement may be terminated for reasons including, but not limited to, those outlined in the Guidelines.

I recognize that working with animals places me at physical risk and I agree to assume that risk. I realize that although Northern Neck Partners for Pets has taken all reasonable measures to protect me, accidents and injuries may still occur. Therefore, I hereby completely release and entirely discharge Northern Neck Partners for Pets from any and all claims and causes of action of negligence or gross negligence that I or another might have or bring relating to or arising from any injury or damage that I sustain while assisting Northern Neck Partners for Pets or in connection with my volunteer work for Northern Neck Partners for Pets.

I certify that I am 18 years of age or older.

I affirm that I have never been convicted of animal cruelty, neglect, or abandonment in this or any other jurisdiction. I certify that I will update this statement as changes occur.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Volunteer Job(s) Assigned: \_\_\_\_\_

NNPP Shelter Manager, or Designee: \_\_\_\_\_

(A copy of this signed form will be given to the volunteer.)

\_\_\_\_\_  
Date