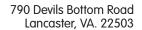


NNPP Shelter Manager, or Designee:

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





804-436-7396

Date







## **Volunteer Application and Acknowledgment**

PLEASE PRINT YOUR INFORMATION NEATLY

Your Information (please include both yo	our 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:		
agree that I am providing my services in a volunteer benefits. I agree to perform my volunteer duties to t	er Guidelines set forth by the Northern Neck Partners for Pets r capacity without any expressed or implied promise of sala the best of my ability and adhere to the Guidelines. I further ons including, but not limited to, those outlined in the Guidelin	ary or employment understand that my
Partners for Pets has taken all reasonable measure release and entirely discharge Northern Neck Partn	physical risk and I agree to assume that risk. I realize that a es to protect me, accidents and injuries may still occur. There hers for Pets from any and all claims and causes of action of lating to or arising from any injury or damage that I sustain varieer work for Northern Neck Partners for Pets.	efore, I hereby completely foregligence or gross
I certify that I am 18 years of age or older.		
I affirm that I have never been convicted of animal a update this statement as changes occur.	cruelty, neglect, or abandonment in this or any other jurisdic	ction. I certify that I will
Name (printed)	Signature	Date
Volunteer Job(s) Assigned:		