



**PAWS**



Partners for Animals Welfare Society of Dearborn County, Inc.  
P.O. Box 133 Guilford, IN 47022  
812-539-9706

**VOLUNTEER INFORMATION SHEET**

Name \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about PAWS? \_\_\_\_\_

**Check all areas of interest:**

- |  |  |
|--|--|
| <input type="checkbox"/> Fundraising                       | <input type="checkbox"/> Foster Care                             |
| <input type="checkbox"/> Mobile Adoptions                  | <input type="checkbox"/> Transportation – Vets (0-25 miles)      |
| <input type="checkbox"/> Event Volunteer                   | <input type="checkbox"/> Transportation – Rescues (25-500 miles) |
| <input type="checkbox"/> Humane Education/Youth            | <input type="checkbox"/> New Shelter                             |
| <input type="checkbox"/> Animal Socialization              | <input type="checkbox"/> Pet Therapy                             |
| <input type="checkbox"/> Animal Exercising                 | <input type="checkbox"/> Feral Cats                              |
| <input type="checkbox"/> Evaluation and Obedience Training | <input type="checkbox"/> Mailings / Writing                      |
| <input type="checkbox"/> Other _____                       |  |

Do you own any companion animals?  Yes  No Please list \_\_\_\_\_

In case of emergency, PAWS should contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

**LIABILITY WAIVER**

I hereby acknowledge and recognize the possible risk in working with animals, and that it can lead to serious injury, or even death. I hereby understand and assume the responsibility of any and all liability and risk volunteering at the PAWS. I hereby waive and release PAWS, 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 arising out of, or in the connection with being a volunteer. I also grant permission to PAWS and its authorized agents to use my name, image, and any other record of my participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PAWS Representative \_\_\_\_\_ Date \_\_\_\_\_