



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

Please mail Volunteer Information Form to: 2675 Greystone Drive. West Harrison, Indiana 47060
 Volunteer Information Phone: (812) 637-0414 Email: pennyschroder@pawsofdearborncounty.org

VOLUNTEER INFORMATION SHEET

* Required Fields

*Name _____ *Date of Birth _____

*Address _____

*City _____ *State _____ *Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

How did you hear about PAWS? _____

*Would you like a P.A.W.S. Member to contact you by Phone? Yes No

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 _____

Home Phone _____ Cell Phone _____ Work Phone _____

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 _____