



new leash on life
newleashonline.org

"SAVING LIVES THROUGH PREVENTION"

PO Box 247 | Lebanon, TN 37087 | Phone (615) 444-1144

VOLUNTEER APPLICATION

Please join us in one of the most satisfying commitments you could ever make.
Help us to speak for those who cannot speak for themselves and bring love into people's lives!

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Are you 14 years of age or older: Yes ☐ No ☐ (Must be 18 years old or accompanied by parent or guardian with a signed Release of Liability form.) (Copy of ID may be required.) AGE: (Optional, not required.): _____

TELEPHONE: home: _____ work: _____ cell: _____

EMAIL ADDRESS (please print clearly): _____

OCCUPATION: _____

EXPERIENCE WITH ANIMALS: _____ DO YOU OWN PETS? Yes ☐ No ☐

VOLUNTEER STATUS: Volunteer ☐ Community Service ☐ Court Ordered ☐

How many hours required if Community Service or Court Ordered (must provide copy of Court Order): _____

PLEASE CHECK ALL THE PROGRAMS IN WHICH YOU ARE INTERESTED:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> PetSmart Dog Adoption Assistant – Sundays
1 – 4 P.M. Mt. Juliet store | <input type="checkbox"/> Kennel Volunteer | <input type="checkbox"/> Offsite adoption events | <input type="checkbox"/> Please note special skills, talents or abilities

_____ |
| <input type="checkbox"/> PetSmart CAT Team Asst. – Mt. Juliet – A.M. or P.M. | <input type="checkbox"/> Dog Bathing & Grooming | <input type="checkbox"/> Special Event Support | |
| <input type="checkbox"/> The JOY Clinic – low cost spay/neuter clinic (Monday – Thursday) | <input type="checkbox"/> Dog Socialization/Walking | <input type="checkbox"/> Administrative Support | |
| | <input type="checkbox"/> Cat Socialization | | |

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNINGS							
AFTERNOONS							
EVENINGS							

PLEASE LIST ANY MEDICAL PROBLEMS, ALLERGIES OR OTHER ISSUES WE SHOULD BE AWARE OF TO INSURE A SAFE VOLUNTEER ENVIRONMENT: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ ADDRESS: _____

RELATIONSHIP: _____ HOME #: _____ CELL #: _____ WORK #: _____

Volunteer Requirements:

- Must be 18 years of age or accompanied by parent or guardian
- Complete and submit a Volunteer Application and Release of Liability Form

SIGNATURE: _____ DATE: _____



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I would like to volunteer to fulfill my:

VOLUNTEER PROGRAMS

RELEASE OF LIABILITY FOR ADULT/CHILD

- Tetanus Information: I understand that because I, or my child if applicant is under age 18, may handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release New Leash on Life from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. By signing below, I indicate that I have read, understand and agree to the above tetanus information.
- In the event of an emergency, I hereby give New Leash on Life permission to seek medical attention for myself.
- For my protection, while volunteering with New Leash on Life, it is recommended that I wear long pants and a shirt with sleeves and closed toe shoes.
- **By signing below, I indicate my understanding that if I am injured while acting as an unpaid member of the volunteer staff I am not covered by Tennessee State Workers Compensation Law.**

In consideration of being allowed to participate in a volunteer program by New Leash on Life, I acknowledge that working with unfamiliar animals can be a hazardous activity, and I assume all the risks associated with this work. I waive all claims for damages against New Leash on Life, its officers, agents and employees for injury to my person or property that may arise from this activity, and I release New Leash on Life, its officers, agents and employees from any such liability.

This agreement shall remain in force until revoked in writing.

Signature of Participant

Parent/Guardian Signature if Participant is under 18 yrs of age

Print Name

Print Name

Date

Date