

Animal Welfare League
of Frederick County

Thank you for your interest in volunteering with the AWLFC. Volunteers are the heart and soul of our organization and only through volunteer support will we achieve our mission of ending pet homelessness in Frederick County. This information application is designed to help us match you with the most appropriate volunteer activity given your interests, skills, and experience. Once you have completed this form, please send it to AWLFC, 1202 East Patrick Street, Suite 13A, Frederick MD 21701. You may also email it to info@awlfc.org. Thank you and we look forward to working with you.

____ Adult Volunteer ____ Family Volunteer with children (ages 10-13) ____ Jr. Volunteer (ages 14-18)

Name _____ Email _____

Address _____

Telephone Numbers: Home _____ Cell _____

Work _____

Are you currently employed? _____ Part Time _____ Full Time

Volunteer Availability: _____ Weekdays, _____ Weekends, _____ Special Events

How often are you willing to Volunteer: _____ Weekly, _____ Monthly, _____ Special Events

Please check areas of interests:

____ Foster Care for Cats /Kittens: most supplies and veterinary care is covered by AWLFC

____ Adoptions: help with setting up /dismantling and clean up (PetSmart, Frederick, MD)

____ East Gate Cat Care: feeding, scooping litter, tidying cages, light shelter cleaning, playing with in house kitties

____ Spay / Neuter Clinic – scheduling, intake, driver, discharge

____ Special Events: major fundraisers, outreach events, public relations, gift wrapping

____ Fundraising/ Grant Writing / Newsletter

____ Adoption Center Office on Weekends (Saturday noon to 5pm /Sunday noon to 4pm): answering phones, speaking with visitors) – *will train*

____ Office work (monthly): organize and clean adoption center; check supplies and re-stock, as needed; keep track of adoption applications/contracts inventory and re-order, as needed

____ Assemble adoption packets and make photocopies, as needed.

____ Laundry: pick up twice a month at adoption center

____ Community Food Bank: manage inventory and communicate with Facebook/Website managers when quantities are low.

____ Voice Mail: check messages remotely and email the appropriate person at AWLFC.



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Do you drive and have access to a vehicle? _____

Do you have any allergies to cats that would limit your volunteering? ____ Yes, ____ No , If yes, please explain:

What activities are you unable, unwilling, or just prefer not to do?

Is there anything else you want us to know about you that might help us match you to the most appropriate and enjoyable activity for you?

Jr .Volunteers (must receive parental permission to participate.)

I permit my child, _____ to participate in the Volunteer Program at the AWLFC. The adult is responsible for attending the new volunteer orientation session. The child may assist and share in the experience of working with the animals, however the adult volunteer will be responsible for the task(s) and the care of the animal(s) being handled.

Parent Signature _____ Date _____

Family Volunteer (Please complete with list of names and ages of children participating)

Child's name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

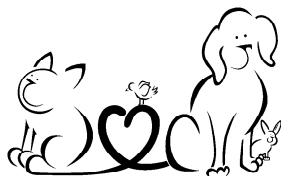
Note: The parent of the child(ren) must actively participate in the volunteer program. Parents are to attend the volunteer orientation, training, and be with their children at all times.

Volunteer Signature: _____ Date _____

In case of an emergency, please provide us with names and phone numbers of persons to contact.

Name : _____ Phone _____

Name : _____ Phone _____



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Waiver of Liability

I, as a Volunteer Service Provider to the Animal Welfare League of Frederick County (AWLFC) hereby knowingly, freely and voluntarily waive all claims for injuries, losses, combinations thereof, and / or demands of any incidents arising as a result of such activity on or off the premises, from which any liability may or could occur against AWLFC its Board of Directors, or any affiliates. I declare that I shall not hold the AWLFC liable for any illness, injury or disease I might contract or sustain while I am volunteering in said capacity. I also understand that I am not covered under any insurance for AWLFC, an all-volunteer, non- profit organization.

I fully recognize the possible risks and dangers associated with the work of AWLFC, and I freely consent to this waiver.

Signature _____

Date _____

Print name _____