

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 form 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](mailto: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 \_\_\_\_\_Dogs

\_\_\_\_\_ Adoptions which could include setting up /dismantling at adoption events

\_\_\_\_\_ East Gate Cat Care i.e.; feeding, scooping, cleaning, playing with in house kitties

\_\_\_\_\_FFF - Fixing Fredericks Felines i.e.: work with ferals, phone calls, trapping, transporting

\_\_\_\_\_ FHF- Friends Helping Felines ie: assist with clinics, medical experience,

\_\_\_\_\_ Spay / Neuter Clinics ie: scheduling, intake, runners, discharger

\_\_\_\_\_ Special Events ie: outreach events, public relations, gift wrapping, K9's, Pet Expo etc.

\_\_\_\_\_ Fundraising/ Grant Writing / Newsletter

\_\_\_\_\_Office Hours ie: \_\_\_\_\_weekdays,\_\_\_\_\_ weekday evenings, \_\_\_\_\_weekends,

\_\_\_\_\_ Pet Smart Cleaners ie: clean, feed and play with kitties to be adopted at Pet Smart

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Please describe your expertise, experience, and any other special skills in which you could contribute to your volunteer work with AWLFC.

Do you drive and have access to a vehicle? \_\_\_\_\_

Do you have any allergies to cats and/or dogs 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 parent permission to participate.)

I permit my son/daughter, \_\_\_\_\_ to participate in the volunteer Program at the AWLFC. The adult (parent/Guardian) will be responsible for doing the volunteer task and youth may assist. The adult is responsible for attending the new volunteer orientation session. While your child may assist you and share in the experience of working with the animals, please remember that the adult volunteer is responsible for the task and the animal(s) being handled.

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

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

Childs name \_\_\_\_\_ Age \_\_\_\_\_

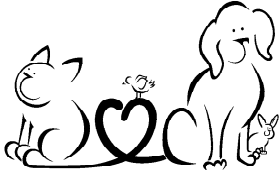
Childs Name \_\_\_\_\_ Age \_\_\_\_\_

Childs 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 \_\_\_\_\_

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In case of an emergency, please provide us with name and phone number of person to contact.

Name : \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Date \_\_\_\_\_

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