



# Mt Juliet Animal Shelter

Dawn Ambrose  
Shelter Director

115 Industrial Drive 37122  
Phone: 615: 773-5533  
FAX-615: 758-2617

## ANIMAL SHELTER VOLUNTEER APPLICATION

*Monthly Criteria: 5 hours or 5 sign ins / month*

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relation to you \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list children names and date of birth that will be volunteering with you. (If under 18, must be accompanied by a legal guardian)**

Name	Date of Birth	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**What other skills, training or hobbies do you have that might be helpful to the Shelter (computer skills, photography, etc)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY OF MT. JULIET  
VOLUNTEER WAIVER and RELEASE**

I \_\_\_\_\_, the undersigned, will be volunteering my services as a(n) \_\_\_\_\_ in the Mt. Juliet Animal Shelter project at the City of Mt. Juliet ("COMJ") and understand that I am not in any way required to volunteer my services and that I am not an employee of COMJ and will not receive any compensation or benefits for my services. I understand that injuries may occur during my service and I fully recognize and understand that there are risks and hazards associated with my service both minor and serious, including, but not limited to: cuts, bruises, and other bodily injuries.

I represent and warrant that I have no physical, health related or other problems that would preclude my activities with COMJ or otherwise render my participation dangerous or harmful to others or myself.

Knowing the dangers, hazards and risk associated with being an intern, student, or volunteer at COMJ and with sufficient knowledge of my physical condition(s) and limitation(s), if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which I may, in any way, sustain in connection with my service at COMJ.

I agree that I must abide by all rules and regulations applicable to service with COMJ. Should I require medical treatment or first aid as a result of illness or injury associated with my service or related activities, I consent to such first aid and/or treatment.

In consideration of the opportunity to be a volunteer, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A) I waive, release and forever discharge and agree not to sue and to indemnify and hold harmless the COMJ and its directors, officers, employees, interns, students, volunteers, representatives, and agents, from any and all claims, costs, liabilities, expenses and judgments whatsoever, including attorney's fees and court costs, on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my service at the COMJ whether due to negligence, mistake or other action or inaction of the COMJ or any other person or entity.

B) I indemnify and hold harmless the COMJ, its directors, officers, employees, interns, students, volunteers, representatives, and agents from any and all liabilities or claims made by other individuals or entities as a result of my actions during this activity.

The WAIVER and RELEASE shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. This Release shall continue in effect indefinitely unless terminated or modified with the written consent of COMJ.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF IT SIGNIFICANCE.**

**INTERN/STUDENT/VOLUNTEER/COMMUNITY SERVICE**

**NAME (please print): \_\_\_\_\_**

**SIGNATURE OF INTERN/ STUDENT/ VOLUNTEER/ COMMUNITY SERVICE: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**FOR GUARDIANS OF MINORS (UNDER 18 YEARS OF AGE)**

**The undersigned parent and/or natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.**

**SIGNATURE OF PARENT OR GUARDIAN OF MINOR: \_\_\_\_\_**

**DATE: \_\_\_\_\_**