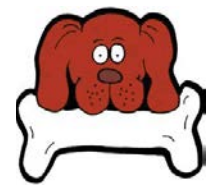


WELCOME TO THE FRANKLIN ANIMAL SHELTER



VOLUNTEER APPLICATION



NAME: _____ NICK NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (H) _____ (C) _____ (W) _____

EMAIL: _____

ARE YOU 18 YRS OR OLDER? Y _____ N _____ HOW OLD: _____

HAVE YOU HAD ANY EXPERIENCE WITH ANIMALS? EXPLAIN:

WHAT ARE YOUR SPECIAL SKILLS, EXPERIENCE, TALENTS, STRENGTHS:

PLEASE DESCRIBE ANY PAST VOLUNTEER POSITIONS:

PLEASE INDICATE DAY(S) AVAILABLE AND WRITE HOURS AVAILABLE TO VOLUNTEER:

MON TIME: TUE TIME: WED TIME: THU TIME:

FRI TIME: SAT TIME: SUN TIME:

AREAS OF INTEREST: EVENT STAFFING FUNDRAISING ANIMAL CARE
MAINTENANCE LAUNDRY OTHER

EMERGENCY CONTACT: _____

PLEASE LIST 3 REFERENCES: (NAME, PHONE NUMBER, RELATIONSHIP)

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIMINAL OFFENSE?

NO YES EXPLAIN:

I, THE UNDERSIGNED, _____
RECOGNIZE THE ROUTINE OF ANIMAL CARE INVOLVES CERTAIN INHERENT HAZARDS. I
DO HEREBY AGREE TO ASSUME THE RISK ATTENDANT TO SUCH ACTIVITIES WHICH
INCLUDE BUT ARE NOT LIMITED TO BEING SCRATCHED OR BITTEN. ONCE PRIOR
APPROVAL HAS BEEN OBTAINED, STATE: "I RELEASE THE FRANKLIN ANIMAL SHELTER,
ALSO KNOWN AS THE GRANITE STATE ANIMAL LEAGUE, IN FRANKLIN, NEW HAMPSHIRE,
ITS EMPLOYEES, AND OTHER VOLUNTEERS, IN BOTH PUBLIC AND PRIVATE CAPACITIES
FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, OR CAUSES OF ACTION WHICH MAY
ARISE FROM PERFORMING VOLUNTARY ANIMAL CARE ON A ROUTINE BASIS."

VOLUNTEER SIGNATURE: _____

PRINT NAME: _____

WITNESS: _____

DATE: _____

Upon completion, please mail or deliver this form to:

Franklin Animal Shelter OR email to FAS_VOL@YAHOO.COM
71 Punch Brook Rd.
PO Box 265
Franklin, NH 03235
(603) 934-4132