

# Volunteer Application

Franklin County Dog Shelter



4340 Tamarack Blvd. Columbus, Ohio 43229

**Welcome to the Franklin County Dog Shelter,** we appreciate your interest in volunteering here and are excited to get you started! If you could fill out a few questions for us, that would be wonderful! All volunteers must be at least 14.

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

Address \_\_\_\_\_ If under 14, age: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Have you had any Previous Animal Experience? \_\_\_\_\_

Have you volunteered before? \_\_\_\_\_ Where? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

What days are you available to Volunteer? **Su M T W Th F S** Time: \_\_\_\_\_

Do you have any disabilities that may require assistance? \_\_\_\_\_

Which of the following activities interest you?

## In-Shelter Work

Adoption Counselor

Behavior Training

Greeter | Customer Assistance

Grooming | Bathing Dogs

Helping With Photos of the Dogs

Walking Dogs

Website Upkeep

Other \_\_\_\_\_

## Off-Site Work

Fostering Puppies | Special Needs Dogs

Events

Phone Work (follow up calls)

Is there any other information you wish to share with us? \_\_\_\_\_

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**Please check our website [www.franklincountydogs.com](http://www.franklincountydogs.com) for the volunteer training date that works best for you. Call Lou at 614.525.7282 to sign up. Once you have been trained, you can volunteer as often as you like!**

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### **RELEASE OF LIABILITY**

In joining Friends of the Shelter and Franklin County Dog Shelter, as a volunteer, I, for myself, my heirs, executors, and administrators, waive and release all rights and claims to damages I may have against the Friends of the Shelter and the Franklin County Dog Shelter located at 4340 Tamarack Blv, Columbus, Ohio 43229, or their representatives for any injuries suffered by me while I am a volunteer at the Franklin County Dog Shelter. I attest that I am physically fit and that my personal health can be verified by a physician. Should I offer to act as a foster home for any Franklin County Dog Shelter animal, I agree to assume full legal and financial responsibility for any damages or injury caused by the animal during the time that it is released to my care and supervision.

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**Signature of Volunteer**

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**Date**

### **PARENT OR LEGAL GUARDIAN (of volunteers 16 and younger)**

As a parent or legal guardian of the above-named volunteer, I hereby give consent for my child or ward, as the case may be, to become a Volunteer for the Franklin County Dog Shelter and, by the signature below, join in and agree to be bound by the terms and conditions of the Release Of Liability stated above.

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**Signature of Parent or Legal Guardian**

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**Date**