



Volunteer Application for The Adoption Care Team

Thank you for applying to be a volunteer with the C/PC Animal Shelter's Adoption Care Team. Training is ongoing throughout the year. We are looking for a group of animal loving people who can commit to volunteering a minimum of three hours each week for a minimum of six months at a time. Please complete this form in black or blue ink.

Name/Address/City/State/Zip _____

* Home Phone/Cell Phone _____ / _____

*Email address (please print legibly) _____

Agreement: I understand and agree that submitting this application form does not automatically register me as a volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

Ages 13 – 15 may volunteer with a parent/guardian. Ages 16 – 18 may volunteer with parent/guardian permission.

I am interested in volunteering in the following areas (please check):

Socializing/walking Dogs _____

Photography _____

Grooming pets _____

Fundraising/Adoption Events _____

Dog Kennel maintenance _____

Grant Writing _____

Socializing/playing with Cats _____

Community Outreach _____

Cat Room maintenance _____

Gardening/Lawn Care _____

Clerical Work _____

Special Events _____

Social Media _____

Volunteer Coordinator _____

Shelter Greeter _____

Other/Please Specify _____

* An email address and phone number are required for our communication with you. Thank you!

Do you have experience in any of your areas of interest? If yes, please describe.

Have you performed other volunteer work? If so, where?

Occupation: _____ Retired? _____

Are there any restrictions/allergies that could affect your ability to volunteer? Yes _____ No _____

If yes, please explain _____

Age: (If under 18 years) _____ (Parent/guardian consent is required)

If you are a support person for a volunteer, please list their name. _____

Are you volunteering for community service? Yes _____ No _____ If Yes, reason for requirement?

School related _____ Hours to be completed by _____

Court ordered/Offense _____

Were you court ordered to do your community service *at our shelter*? Yes _____ No _____

Volunteer schedules are based on days of the week. Please list the days and time of each day that you would like to volunteer between 7:30 a.m. and 6 p.m. For example: Monday 1:00-3:00 p.m. or you can say "flexible".

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Saturday _____

Sunday _____

I certify that the information I have provided is accurate and truthful. Please be advised that, upon acceptance, you may be subject to a background check.

Name/Date _____

Please take this completed application to: Cookeville Putnam Co. Animal Shelter
2650 Gainesboro Grade
Cookeville, TN 38501



Monday-Saturday 12-6pm
ph: 931.526.3647

* An email address and phone number are required for our communication with you. Thank you!

**PARENTAL CONSENT AND
RELEASE OF LIABILITY FOR
CITY OF COOKEVLL: PUTNAM COUNTY;
COOKEVILLE PUTNAM COUNTYT ANIMAL SHELTER;
FRIENDS OF COOKEVILLE PUTNAM COUNTY ANIMAL, INC.;;
THE PET CARE CENTER; AND THE DOG PARK**

In consideration of our child, _____ (name), being allowed to participate in the Volunteer Program operated by Cookeville Putnam County Animal Shelter; Friends of Cookeville Putnam County Animals, Inc.: the Pet Care Center; and Dog Park, we _____ and _____ (names), acknowledge that working at Cookeville Putnam County Animal Shelter; Friends of Cookeville Putnam County Animals, Inc.; the Pet Care Center; and Dog Park can be a hazardous activity. Nevertheless, we grant permission for our child to participate in this activity and assume all risks associated with this work. We waive all claims for damages against the City of Cookeville; Putnam County; Cookeville Putnam County Animal Shelter; Friends of Cookeville Putnam County Animals, Inc.; the Pet Care Center; and Dog Park; its officers; and employees for injury to our child's person or property, including death and destruction, and resulting injuries and damages to us, that may arise from this activity. We release the City of Cookeville; Putnam County; Cookeville Putnam County Animal Shelter; Friends of Cookeville Putnam County Animals, Inc.; the Pet Care Center; and Dog Park; its officers; and employees and agree to hold them harmless from any such liability.

This agreement shall remain in full force until we revoke it in writing.

Print name of Participant

Signature of Participant

Print name of Parent of Guardian

Signature of Parent or Guardian

Print name of Parent of Guardian

Signature of Parent or Guardian

STATE OF TENNESSEE
COUNTY OF PUTNAM

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires:
