



Rutherford County
**Pet Adoption &
Welfare Services**

285 John R. Rice Blvd. Murfreesboro, TN 37129
(615) 898-7740 or Fax (615) 898-7994

Name: _____

Address: _____

Mailing Address (if different): _____

Home #: _____ Work #: _____

Are you over 18 years of age? Yes _____ No _____ Date Of Birth: _____

If under 18 how old are you? _____

Have you ever been arrested? Yes _____ No _____

If yes explain: _____

Have you ever volunteered at another shelter? Yes _____ No _____

If yes, which shelter: _____

What experience do you have in handling animals? _____

Do you have any special animal handling experience? (i.e. grooming, training) _____

What days and times would you be able to volunteer at the shelter? _____

Do you have any medical conditions that might affect your ability to volunteer? (i.e. allergies, back injuries) _____

Person to be notified in an emergency: Name _____

Relation _____ Phone # _____

Address _____

Doctor's information: Name _____ Phone _____

Medical Insurance Provider _____

Policy # _____

By signing this application I am stating that all information contained herein is true to the best of my knowledge.

Applicant's Signature _____ Date _____

For Office Use Only	
Date received: _____ By: _____	Interview date _____ Time _____
Date reviewed: _____ By: _____	Approved _____ Disapproved _____
	By _____



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Conditions:

I, _____, the undersigned understand:

(Print Name)

1. That I have agreed to perform voluntary services to benefit the Rutherford County P.A.W.S. Department.
2. That I willingly chose to perform such voluntary service.
3. That I shall perform such voluntary services at the direction of the Director of P.A.W.S. I understand that additional parties may be assigned to supervise my volunteer work.
4. That the Director of P.A.W.S. and/or the parties assigned to supervise me shall have sole discretion in determining what work is suitable for my performance.
5. That I may handle only those animals that are specifically designated by P.A.W.S. personnel.
6. That no animal may ever be removed from P.A.W.S property without permission from the Director.
7. That there will be a volunteer schedule made and I will be allowed to work only those times scheduled.
8. That I have a disability that may, with or without reasonable accommodation, prevent me from participating in this program. I must bring this to the attention of the Director before starting work.
9. That I will not receive any compensation for my volunteer work.
10. That I voluntarily perform such services, and I agree to indemnify and hold harmless and waive any claims I may have now or in the future against Rutherford County and any of it's departments, officers, employees, or agents from and against any and all liability arising out of or related to the performance of my volunteer service or for any negligent act or omission by such parties.
11. That alcoholic beverages or other substances of any type that may impair my abilities to perform are prohibited at the work site.
12. That I may not interfere with any of the operations of the P.A.W.S. Department and that I ay be asked to suspend my volunteer work at any time my presence interferes with the operation of the P.A.W.S. Department.

I have read the above agreement, understand the meaning thereof, and agree to the terms set forth herein.

Signature: _____ Date: _____

If applicant is under 18 years of age, parent or guardian signature is required:

Print name: _____ Relation: _____

Signature: _____ Date: _____

For Office Use Only

Received by: _____ Date: _____ Time: _____

Interviewed by: _____ Date: _____ Time: _____ Comments: _____

Approved: _____ Disapproved: _____ By: _____

