

AVAILABILITY:

How much time can you devote to the Euclid Animal Shelter on a regular basis?

Days per week: _____ Approx. time per visit: _____

What particular days and times are you available? Please circle all that apply.

Tuesday	am / pm	Thursday	am / pm
Wednesday	am / pm	Friday	am / pm
		Saturday	am / pm

- I would also be interested in helping with special projects or events that would be different from my normal volunteer hours.
- I cannot commit to a regular schedule – please call when you need me for a special event or project.

AGE DISCLOSURE AND MEDICAL INFORMATION:

I am over 18 years old Yes No Age if under 18 _____

Volunteers under age 18 are required to get permission from a parent or guardian.

When working with animals, it is recommended that you have a current tetanus vaccination. Tetanus vaccinations are good for ten years. Date of your last tetanus shot _____.

Do you have any medical conditions we need to be aware of? Yes No If yes, please describe:

HOLD HARMLESS CLAUSE:

I, _____ would like to volunteer at the Euclid Animal Shelter located at 25100 Lakeland Boulevard, Euclid, Ohio. I understand that as a volunteer, I will receive no compensation, nor will I be covered by any insurance plan other than my own. I also understand that as a volunteer, I assume the risk of possible accident or injury while performing my duties whether on or off the premises. I hereby release the Euclid Animal Shelter and the City of Euclid and its employees from any liability whatsoever while acting as a volunteer for the Euclid Animal Shelter.

Signature: _____ Date: _____

Signature: _____
Parent/Guardian (If under 18 years old)

Witness: _____

Thank you for your interest in the Euclid Animal Shelter. We look forward to speaking with you soon. Please return completed form to:

Euclid Pet Pals
c/o Euclid Animal Shelter
25100 Lakeland Blvd.
Euclid, OH 44132
216-289-2057