

Volunteer Application

**Franklin County Dog Shelter
& Adoption Center 🐾**

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! **Must be 18 years or older to volunteer.**

4340 Tamarack Blvd.
Columbus Ohio 43229

Name _____ Date _____

Address _____ Birthdate _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Email (required) _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Where do you work or go to school? _____

What is your profession or major? _____

Have you volunteered before? _____ Where? _____

How did you hear about us? _____

Why are you interested in volunteering? _____

Do you have any medical conditions you would like to share? _____

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

Please visit www.franklincountydogs.com/volunteer/ for more information and to sign up for new volunteer orientation.

OVER FOR MORE

RELEASE OF LIABILITY

In joining Franklin County Dog Shelter & Adoption Center, as a volunteer, I, for myself, my heirs, executors, and administrators, waive and release all rights and claims to damages I may have against Franklin County Dog Shelter located at 4340 Tamarack Boulevard, 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.

Signature of Volunteer

Date