

RITA B. HUFF ADOPTION CENTER  
VOLUNTEER APPLICATION & RELEASE FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (If under 18, must be accompanied by an adult)

EMERGENCY CONTACT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

DOCTOR INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OFFICE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

WOULD YOU BE INTERESTED IN HAVING YOUR NAME ON A LIST OF VOLUNTEERS TO BE CALLED WHEN  
THE SHELTER IS IN NEED OF SOME EXTRA HELP? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF SO, WHEN IS THE BEST TIME TO CALL YOU? \_\_\_\_\_

THESE ARE THE VOLUNTEER OPPORTUNITIES WE HAVE AT THIS TIME:

FEEDING & WALKING DOGS      BATHING DOGS OR PUPPIES      FOSTERING OR BOTTLE FEEDING KITTENS  
FRONT DESK/OFFICE      GRANT WRITING      EDUCATION      LANDSCAPE/YARD WORK      OTHER

WHAT KIND OF VOLUNTEER WORK ARE YOU INTERESTED IN?

\_\_\_\_\_  
I, \_\_\_\_\_ HAVE ATTENDED THE VOLUNTEER ORIENTATION CLASS ON

\_\_\_\_\_, AND I UNDERSTAND THAT THE RITA B. HUFF ADOPTION CENTER/  
ANIMAL SHELTER WILL NOT BE HELD LIABLE FOR ANY LOSS OR INJURY THAT MIGHT OCCUR WHILE I AM  
SERVING IN A VOLUNTEER CAPACITY AT THE ANIMAL SHELTER OR AT ANY OFFSITE EVENT.

I HAVE ALSO BEEN ADVISED AND ENCOURAGED TO OBTAIN A TETANUS BOOSTER.

AS A VOLUNTEER AT THE RITA B. HUFF ADOPTION CENTER, I AGREE TO FOLLOW ALL SHELTER POLICIES AND  
GUIDELINES, AND ACKNOWLEDGE THAT ALL INFORMATION REGARDING THE INTAKE, CARE AND ADOPTION  
OF OUR ANIMALS IS CONFIDENTIAL.

VOLUNTEER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RBHAC STAFF \_\_\_\_\_ DATE \_\_\_\_\_