Volunteer Application

Headwaters Animal Shelter 901 Western Ave S, Park Rapids MN 56470 218-237-7100

www.HeadwatersAnimalShelter.org

Name:		Detai		
Address:			Zin.	
Phone #-Home:	Cell:	Work:	Zip:	
E-mail address:				
Date of Birth:/ We have volunteers in all age Do you have any limitations the (Including animal allergies) Ye you with the activities you are	groups. We need this informat would prevent you from	rmation to place volu doing certain activi	ties as a volunteer?	
I understand there are inhere to me may occur, and I freely	Liability Release Action and other risks involved and voluntarily accuments.		mals and that injuries	
I hereby release the Headwat and all liability for damage and for, while at the shelter, acceptinjury which may result.	ers Humane Society, and it	se risks. 's owners, agents and	d employees, from any	
I understand that every perparent, grandparent or an experience of the second s	erson under 16 years of adult guardian while vo	f age has to be ac lunteering at the	companied by a shelter.	
Signature of Volunteer:				
Signature of Parent, Guardian o (REQUIRED if volunteer is u	r l eagl Dannesson			

volunteering to do. Assisting with Animal Care at the Shelter ___ Bathing dogs __ Grooming dogs __ Walking dogs ___ Socializing dogs ___ Bathing cats __ Grooming cats ___ Socializing cats ___ Transporting animals ___ Fostering animals in your home Assisting with Cleaning at the Shelter __ Cat rooms __ Dog kennel areas __ General shelter cleaning ("to do " list) ___ Assisting with various Shelter maintenance and repair projects Participating in Shelter support activities ___ Board member. ___ Assist with committee activities $_$ Membership __ Township __ Website ___ Advertising __ Newsletter __ Thank-you cards __ Computer projects ___ Fundraising __ Committee member __ Dinners ___ Rummage sales __ Raffles ___ Auction __ Calendar __ Festivals

Volunteer opportunities / interest listing - Check each item that you might be interested in