

**COWTOWN LOVES ANIMAL SHELTER PETS
VOLUNTEER FORM**

1. Event _____ Date _____

2. Name _____

3. Address _____

4. Phone _____ Email _____

5. DOB _____ Are you under 18 yrs of age? Y N

6. Do you have pets at home? Y N What kind of pets do you have? _____

7. Have you volunteered at an animal event before? Y N

8. What hours can you be available? 9-12 12-3 9-3 other _____

9. Are you comfortable working with large dogs? Y N

10. Can you work unsupervised (know what to do)? Y N

How did you find out about this event? _____

Can we keep your name in a file for future events? Y N

If you are under 18 yrs of age, you must have a parent or guardian sign this form.

Volunteer signature _____ Date _____

Parent/Guardian signature _____ Date _____

Phone contact for parent/guardian _____

_____ hereby waive(s) all claims for damage or loss to person or property while volunteering for any function or event of CLASP and which may arise from any act or omission of Family PetCare, Cowtown Loves Animal Shelter Pets (CLASP), their officers, agents, volunteers, or employees.

(Must be signed by all volunteers and parent/guardian if under 18)

Mail to CLASP
P.O. 101133, Fort Worth, TX 76185
Email to cowntownpets@gmail.com
Or leave a message at 817-886-7300