

MAIN LINE ANIMAL RESCUE VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Address: _____

Best telephone number to reach you: _____

E-mail address: _____ *** E-mail is the quickest way for MLAR to contact you ***

How did you hear about MLAR?

Do you have any allergies or conditions that might affect your volunteer work? If yes, please describe.

Have you had any formal training in pet care or animal welfare?

What would you do when not at MLAR (employment, school, family care, hobbies, activities, etc.)?
Each volunteer brings experience and talent to MLAR that does or does involve animal welfare, but can help the animals anyway.

What would you like to do at MLAR? (please circle all that apply)

Dog Walking

Bunny Lovin'

Dog Snuggling

Property Care

Cat Snuggling

Kennel Cleaning: Dogs Cats Bunnies

Availability (please circle all that apply)

Weekdays: Morning Afternoon Evening

Weekends: Morning Afternoon

I, (print name) _____ certify that all information provided in this application is true and correct. I understand that any statements, representations or failure to disclose pertinent information will be considered sufficient cause for disqualification from consideration for volunteer service or immediate discharge.

I acknowledge my position at MLAR is entirely voluntary and without compensation. I also understand that nothing contained in this volunteer application or in the interview is to create an expressed or implied volunteer contract between MLAR and myself. No promises regarding volunteer work or any duration of service have been made to me and I understand that no such promise is binding unless issued by MLAR in writing. I further understand and agree that if I am offered and accept a volunteer position at MLAR, my volunteering can be terminated with or without cause, or with or without notice, at any time, at the discretion of MLAR.

I acknowledge and agree that my volunteer position is also contingent upon my signing the MLAR Volunteer Form and Waiver of Liability.

Signature: _____ Date _____

**Please send to:
MLAR PO Box 89, Chester Springs, PA 19425
or fax to: 610.933.0116**