## Volunteer/Membership Application Kootenai Pets for Life



| Name   | Address  |                |
|--|--|----------------|
| City/State/Zip   | Phone/Cell   | 400            |
| E-mail<br>membership list, I consent to si   | Members and volunteers names will be included on a emy phone number and e-mail with other KPFL members Yes, No   | a<br>O         |
|  | Phone  |                |
| with a \$10 yearly membership for  | nteer at the Shelter and you are welcome at meetings or you can be a  Members have the right to participate in all activities and have a vote  e a Volunteer I would like to be a Member | Member<br>e at |
| If you are a minor, please prov  | information about your parent/guardian:  |                |
| Name   | Mailing Address  |                |
|  | ddressPhone  |                |
| you would be available to take a can all work together. You name                             | ours a week, twice a month, every day. You name how many hours & blunteer shift. We have evening duties to check in on the animals. Fan  | milies         |
| Do you have any experience wit   | pets or working at a shelter   |                |
| Cleaning, Yard Work, Fu<br>Laundry, Transports, Tra  | , Walking, Socializing Pets Maintenance, Feeding, Raising, Phone Work, Housekeeping, Relief/Fill In, ng, Grooming, Office Help, Social Media, Clinic, Other                              |                |
| ,,   | Waiver   |                |
| I understand that I will be working  | with or around animals and realize that accidents, incidents, unpredict  | table          |
| behaviors, viruses, and diseases   |  |                |
| I hereby release Kootenai Pets f   | Life of any liability while volunteering/working at the KPFL Shelter.  |                |
| I have read and understand the contained in this application if n of Kootenai pets for Life. | FL policies and procedures. I authorize investigation of all statement essary and understand that I am required to abide by all rules and regular  | ulations       |
| Volunteer/Member/Signature   | Date   |                |
| If Minor:  |  |                |
| Parent/Guardian Signature  | Date   |                |
| For Office Use only *********  | ·<br>************************************  | ·****          |
| Received \$  | sh, Card, Check  |                |
| Date Received  | Received by  |                |
| Date Approved  | , Denied Date Revis  | sed 6/25       |