

Animal Refuge League

Community Service Application (for under 20 hours)

Date: ____ / ____ / ____

/ / **or** Are you over: 13 16 18

Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address _____

Occupation _____

Reason For Community Service:

Court Requirement **School Requirement**

*If this is a **court** requirement please fill out the following information:*

Offense/reason for required hours: _____

Probation Officer: _____

Phone Number: _____

*If this is a **school** requirement please fill out the following information:*

School : _____ Grade: _____

Teacher: _____

Phone Number: _____

Hours needed to be completed: _____

Due Date for Hours: _____

Times Available to Work: circle **all** the **time frames** when you might be available:

Monday	7-11	11-2	2-5	Saturday	7-10	10-1	2-4
Tuesday	7-11	11-2	2-5	Sunday	7-10	10-1	2-4
Wednesday	7-11	11-2	2-5				
Thursday	7-11	11-2	2-5				
Friday	7-11	11-2	2-5				

Do you have current health insurance? _____ If so who is your provider? _____

What led you to consider the Animal Refuge League as your site? _____

Do you have any allergies, physical disabilities, previous injury (ex.latex allergies, tendonitis, previous back injury), or other limitations that may require accommodation or restrict your volunteer experience?

What is your level of education?

High school: Years attended?_____ Graduated? Yes_____ No_____

College: Years attended?_____ Graduated? Yes_____ No_____ Degree/Major _____

Have you ever been convicted of a felony? _____

Experience or skills that you are willing to share with the League:

Emergency Contact Information:

Name: _____ Relationship _____

Phone: (h) _____ (cell) _____ (w) _____

Address: _____

By signing this application you acknowledge that all information on this form is true to the best of your knowledge. That if selected, you are volunteering your services and will not receive any compensation, monetary or otherwise, for said services.

I _____, acknowledge that volunteer work at the Animal Refuge League can pose a potentially risk of serious injury. With this knowledge, I agree to waive any and all rights I or my family may have to make a claim against the Animal Refuge League, its employees, board members, or officers, arising from any damages, injury or death I sustain while participating in any of the volunteer activities of the Animal Refuge League. I waive these rights knowingly and voluntarily.

Signature _____ Date _____

Signature of Parent: _____ Date _____

(If under 18)

FOR PARENTS OF APPLICANTS UNDER 18 YEARS OF AGE:

If I cannot be reached in the event of an emergency, I hereby authorize the Animal Refuge League to hospitalize and secure any necessary medical treatment for my child,

except: _____

Signature of Parent: _____ Date _____

----- staff use only ----- _____ _____
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