



**Monroe County Friends of Animals**  
***Be a Hero ... Save a Life ... Volunteer!***  
**Volunteer Application**

**Please print clearly**

Name \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phones: Home/work \_\_\_\_\_ Cell \_\_\_\_\_ Do you Text? Y N  
 Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Check Areas of Interest:**

Help at Shelter (dog walking, socializing animals. Cleaning, laundry)		Thrift store (Sales or warehouse)	
Shelter clerical		Fundraising Events	
Fostering: Dogs / Cats		Website/Social Media	
Adoption Events		Communications	
Animal transport		Computer Systems	
		Admin/clerical	

**Tell us more about your interests and skills**

**Indemnity Agreement and Waiver**

WHEREAS, MCFA uses volunteers in many capacities including, but not limited to, assisting at the MCFA Thrift Store and interacting with animals at the animal shelter or elsewhere

WHEREAS, the *Volunteer* agrees to perform their volunteer activities in a safe manner. *Volunteer* is aware of the risks, dangers, hazards associated with being a volunteer and warrants that she/he has no physical or health related problems that would preclude any activities with animals.

NOW THEREFORE, in consideration of the premises, *Volunteer* hereby agrees to indemnify MCFA and its Officers, Director, and other volunteers against any claim or loss incurred by the *Volunteer* or anyone claiming by or through the *Volunteer* while performing their duties as a volunteer. He/she waives any right to any claim against MCFA for injury, disease, or any other matter that might be associated with their services.

The volunteer certifies by signing below that they have read and fully understand this waiver and release form and have signed it voluntarily with full knowledge of its significance.

Name (please print) \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Return this form to the shelter front desk, the Thrift Store, mail to MCFA, P.O. Box 106, Vonore, TN 37885. Or email with Application to: [MCFA37885@gmail.com](mailto:MCFA37885@gmail.com) \*\*\*You will be contacted in a few days.

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 This section for trainer use:

Trainer's Name, Signature & Date \_\_\_\_\_

Orientation Date (dd/mm/yy) \_\_\_\_\_ Agreed upon time & dates for volunteering \_\_\_\_\_