

VOLUNTEER APPLICATION & LIABILITY RELEASE

PART A		
First Name:	Last Name:	
Primary Contact #:	Secondary contact #:	
Are you over 18 years of age? (Y/N)		
Home address:		
(Street, City, State, Zip Code)		
Email address:		
Employer:(Name & address)		
PART B		
*Availability to volunteer: (Ex., weekends, weekday	ys, evenings, events)	
*Type of volunteer work you are interested in (check all that apply and explain experience in each):		
General Administration (database, web mainte	enance, bookkeeping, volunteers admin)	
Animal Care (train, foster, transport, groom)		
IF "YES" PLEASE COMPLETE EITHER TRAINER APPLIC	CATION OR FOSTER APPLICATION FOUND ON WEBSITE	
Fundraising (organizing/working events, grant	writing, public relations)	

Social Work (therapist, psychologist, liaison with VA Hospitals/Military)
Other (explain)
*What special skills, talent, experience or interests do you have that would help us: (ex., photography, clinical research, corporate liaisons, foreign language)
*Anything else we need to know about you? (ex., are you a Veteran, memberships, experience working with animals or persons with disabilities)
PART C
*How did you learn about Wags 4 Tags? (ex.,Media, Presentation, Event, Web)
*What do you know about Wags 4 Tags?
*Do you drive or have regular access to a car?
*List previous Volunteer work, if applicable
*Why do you want to volunteer for Wags 4 Tags?

PART D

*Do you consent to a routine background check?(Y/N)	
*Have you ever been reported to/subject of State or Federal investigation(Y/N)	n or disciplinary proceedings?
If "Y", explain:	
*Have you ever been convicted of a felony or misdemeanor? (Y/N	•
If "Y", explain:	
-	·
*Initial next to each statement:	
I understand that Wags 4 Tags reserves the right to perform checks as deemed appropriate.	orm criminal history background
I understand that this is an application for volunteer pos	ition and not a contract of
employment. I agree that as a Wags 4 Tags Volunteer, I may not a	ccept payment for my services
and that I will incur the cost of transportationI understand that as a volunteer I am required to abide	hy all rules and regulations of the
Organization.	by an raics and regulations of the
Wags 4 Tags complies with local, State and Federal equal	
regulations; qualified Volunteers are considered for all positions we color, religion, sexual orientation, age, disability, or any categories	
laws.	protected rocally otate of reactal
I, my family, heirs and representatives release Wags 4 T	
any and all damages (including bodily injury or property damages) performance of direct or indirect volunteer services for and on be	
I agree to conduct myself in a professional manner at all t	
Tags and will follow policies and directions provided by the President	ent, Vice President or Board of
Advisors I agree that I will not be compensated for any promotion	nal appearances (to include print.
media, internet) however allow Wags 4 Tags to use my name, ima	
purposes for the betterment of the Organization.	
I attest that the statements made on this Volunteer Appl correct. I understand that any misrepresentation, omission of info	•
incomplete information shall result in a possible disqualification fr	
volunteer. Wags 4 Tags retains the right of refusal or acceptance,	and this application does not
ensure that volunteer placement will be made.	
Applicant Cignoture	Data
Applicant Signature	Date
Devel Charles (Const.)	
Parent Signature (if applicant is under 18)	Date



Permission to Use Photographs and/or Video

I,	6 4 TAGS, INC., its assigns and
I further grant WAGS 4 TAGS, INC. royalty-free perr or videos of me with or without my name for any lav aforementioned organization.	• • • •
I have read, understand and hereby approve this do	cument:
Signature	
Printed name	
Address	
Date	
Signature, parent or guardian(if under age 18)	