



# Cleveland Animal Protective League

## VOLUNTEER APPLICATION and RELEASE

***The Cleveland APL is an independent, nonprofit animal welfare organization. The information provided to the Cleveland APL by completing this Volunteer Application and Release will enable us to direct you towards an appropriate, rewarding volunteer experience. Please complete all pages of this application and sign and date the proper waiver. Thank you!***

**Personal Information:**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Date of Birth: (Month/Day) \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_  
 Are you age 16 or older? (Circle choice) NO YES Work Telephone: \_\_\_\_\_  
 Are you age 18 or older? (Circle choice) NO YES E-mail Address: \_\_\_\_\_

**Youth Information:** *(necessary for Pet Partners youth program participants only)*

Name: \_\_\_\_\_  
 Address (if different than adult): \_\_\_\_\_  
 Home Telephone (if different than adult): \_\_\_\_\_  
 Cellular Telephone (if different than adult): \_\_\_\_\_  
 E-mail Address (if different than adult): \_\_\_\_\_  
 Date of Birth: (Month/Day/Year): \_\_\_\_\_  
 Name of School Youth Attends: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Other Organization(s) Youth May Be Affiliated With: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**Education:** (Circle last year completed)

High School	1	2	3	4
College	1	2	3	4
Graduate	1	2	3	4

Name of school/college: \_\_\_\_\_

Degree(s): \_\_\_\_\_

**Employment:**

Are you presently employed? (Circle choice)  
 NO YES If yes, state your work hours: \_\_\_\_\_  
 Employer's Name and Address: \_\_\_\_\_  
 Position: \_\_\_\_\_

May we contact you at work? (Circle choice)	NO	YES
Did your employer encourage you to seek community involvement? (Circle choice)	NO	YES
Are you willing and able to post Cleveland APL event or other information at work? (Circle choice)	NO	YES

Previous Work Experience: \_\_\_\_\_  
 \_\_\_\_\_



**What do you hope to gain from your experience with the Cleveland APL?**

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**Describe present and previous volunteer jobs:**

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**Special skills, training, interests, or hobbies that you would like to share with us:**

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**Please check the animals you are comfortable handling and working with:**

- Small/Medium Dogs
- Medium/Large Dogs
- Puppies
- Cats
- Kittens
- Rabbits, guinea pigs or other small animals

**List any other areas of interest not listed above and/or describe any special experience you may have:**

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**Do you have any companion animals at home? (Circle choice)**

NO YES If yes, what kind? \_\_\_\_\_

**Are they spayed or neutered? (Circle choice)**

NO YES If no, do you plan to breed them? \_\_\_\_\_

**Did a current volunteer recommend you volunteer at the Cleveland APL? (Circle choice)**

NO YES If yes, please list their name so we may thank them: \_\_\_\_\_

**Many times the Cleveland APL needs help transporting animals to and from special events. Please answer the following questions. Keep in mind your responses will be held in strictest confidence by the Cleveland Animal Protective League.**

Do you have a valid Ohio driver's license? (Circle choice) NO YES

Do you have your own transportation? (Circle choice) NO YES

If yes, would you be willing to transport animals as part of your volunteer work? (Circle choice) NO YES

If yes, is the car you would be driving covered by liability insurance? (Circle choice) NO YES

Name of Insurance Company: \_\_\_\_\_

Have you ever pleaded guilty to a traffic violation? (Circle choice) NO YES

Excluding traffic violations, have you ever been convicted of any criminal offense? (Circle choice) NO YES

If yes, please explain: \_\_\_\_\_

**The Cleveland APL is an independent nonprofit organization that relies on donations to shelter over 10,000 animals per year. Please check as applicable.**

- Yes, I would like to receive information on planned giving and including the APL into my will or estate planning.
- Yes, my employer offers a donation-matching program.
- Yes, I would like to make a tax-deductible donation to the APL. (Please endorse check payable to the APL or provide your Credit Card # \_\_\_\_\_, Expiration \_\_\_\_\_, and Amount \$ \_\_\_\_\_.)

**I give my permission to the Cleveland APL to verify the above information. I understand that this application does not guarantee acceptance to the Cleveland APL volunteer program.**

\_\_\_\_\_  
Volunteer Signature/Date

\_\_\_\_\_  
Parent/Guardian/Date

**Cleveland Animal Protective League**  
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**VOLUNTEER RELEASE (18 years or older)**

Please read the following statement, sign and date below:

I, hereby agree to accept a position as a volunteer worker for the Cleveland Animal Protective League (herein after referred to as the "APL"), and in doing so, I agree to comply with all of the rules and regulations which may be established from time to time by the APL, and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or any kind, and without liability of any nature on behalf of the APL. All services will be performed at my own risk.

I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury, exposure to zoonotic diseases (i.e. ringworm, giardia, rabies, etc.), and physical harm caused by the animals. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify and hold harmless the APL, it's agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fee incurred by the APL in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the APL, including but not limited to animal bites, accidents, or injuries.

I acknowledge I have read and accept these conditions.

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Volunteer Signature/Date

**VOLUNTEER RELEASE (17 year and under)**

Please read the following statement, sign and date below:

I, being the parent or legal guardian, hereby give my consent to allow my (son, daughter, ward) to perform volunteer services for the Cleveland Animal Protective League (herein after referred to as the "APL"). I fully understand and acknowledge that his/her services are to be performed subject to all the rules and regulations of the APL, that violations thereof shall be cause for immediate dismissal of all services, and that all services performed by my (son, daughter, ward) are strictly voluntary, without pay or compensation of any sort and without liability of any nature on behalf of the APL. I further acknowledge that all services are performed at his/her own risk.

On behalf of myself, my (son, daughter, ward), my heirs, my personal representatives of administrators, I hereby release, discharge, indemnify and hold harmless the APL, it's agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fees incurred by the APL in connection with the same, based on damages or injuries which may be incurred or sustained by him/her in any way connected with his/her services for the APL, including but not limited to animal bites, zoonotic diseases (i.e. ringworm, giardia, rabies, etc.), accidents, or injuries. Please enter parent/guardian name, minor name and date below to acknowledge you have read and accept these conditions.

I acknowledge I have read and accept these conditions.

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Parent Signature/Date

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Minor Signature/Date

**Please return this application to:**  
**Volunteer Coordinator**  
**Cleveland Animal Protective League**  
**1729 Willey Avenue**  
**Cleveland, Ohio 44113**  
**Fax: (216) 771-2810 / Telephone: (216) 771-4616**

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