

## **ANOTHER CHANCE RFT VOLUNTEER APPLICATION**

Please fill out this form if you are interested in volunteering with us.

NAME:
MAILING ADDRESS :
EMAIL ADDRESS:
PHONE NUMBER:
HAVE YOU VOLUNTEERED FOR A RESCUE OR SHELTER BEFORE? IF SO, WHERE?
<del></del>
AREAS OF INTEREST: Check those that apply.
Walk dogs Help with Transport (locally)
Transport out of town How far would you be willing to drive?
Foster
Help with offsite events
WHAT IS YOUR TIME/AVAILABILITY?
PERSONAL REFERENCES: (NAME AND A CONTACT NUMBER)
Someone will contact you for confirmation /receipt of application and plan a time for a brief

Someone will contact you for confirmation /receipt of application and plan a time for a brief "orientation".

\*Please return completed forms to Tana via email at **tananeel@gmail.com** or **anotherchancerft@gmail.com**.

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I want to work as a volunteer with Another Chance RFT and participate in activities involving the dogs residing in Aransas County Animal Control.

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for any or all liability claims or demands which ma						
· ·	lease discharges the Aransas County Animal Control					
and Another Chance RFT from any liability or claims that I may have against Animal Control/Another Chance RFT in respect to bodily injury, illness or property damages which may result from volunteer						
activities.	property damages which may result from volunteer					
the volunteer's medical expenses. Claims must be	inteer activity and release Animal Control/Another operty damages. I understand that working with					
In case of emergency contact:						
NAME	RELATIONSHIP					
ADDRESS						
SIGNATURE						
We recommend that you have a current totanus sh	of the state of th					

We recommend that you have a current tetanus shot.

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