

### **CITY OF LOUISIANA**

# JOHN COTTON MEMORIAL ANIMAL SHELTER VOLUNTEER WAIVER

Thank you for your interest in volunteering with the John Cotton Memorial Animal Shelter of Louisiana. Please complete the application below. Your application will be reviewed, and you will be contacted.

#### **VOLUNTEER INFORMATION (PLEASE PRINT CLEARLY)**

Printed Name	Address
Today's Date	Date of Birth
Phone Number EMERGENCY CONTACT INFORMATION	Email (Optional)
Name:	
Relationship to Volunteer: VOLUNTEER AGREEMENT	Phone:
As a volunteer, I release and hold harmless the City claims, costs, suits, actions, judgements, or expense property which may arise from assisting with the Jo	
I acknowledge that I am fully aware of all risks pose Cotton Memorial Animal Shelter and I have no med duties associated with the John Cotton Memorial A	lical condition that prevents me from engaging in
I also give permission to be photographed by projecthrough the internet or through other media outlet	ct partners or the media for use in printed materials, s.
In signing below, I acknowledge that I have read and	d understand this volunteer agreement.
Signature:	
Parent Signature:	



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#### Volunteers who have direct interaction with the animals require a specific skillset:

Are you able to independently make and follow visual and verbal directives? Are you physically able to lift 20 – 30 lbs.?	Yes□ No□ Yes□ No□
Are you able to independently make and follow quick decisions which require be dexterity?	oth mental and physica Yes <b>□</b> No <b>□</b>
Is there anything else you would like John Cotton Memorial Animal Shelter to k	now about you?
How did you hear about John Cotton Memorial Animal Shelter?	