Volunteer Application

Headwaters Animal Shelter 901 Western Ave S, Park Rapids MN 56470 218-237-7100

www.HeadwatersAnimalShelter.org

Name.		Date	
Address:	City:		Zip:
Phone # - Home:	Cell:	Work:	
E-mail address:			
Date of Birth:/ We have volunteers in all age		rmation to place vol	unteers correctly.
Do you have any limitations t (Including animal allergies) Y you with the activities you ar	es / No Briefly explain a	ny limitations so th	at we may best match
	Liability Release A	lgreement	
I understand there are inhe to me may occur, and I free			nimals and that injuries
I hereby release the Headw and all liability for damage a for, while at the shelter, acc injury which may result.	nd injury or death to mysel	f, or someone that	I am legally responsible
I understand that every parent, grandparent or o	•	•	•
Signature of Volunteer:			
Signature of Parent, Guardio (REQUIRED if volunteer	an or Legal Representive: is under 18 years of age)		

or

volunteering to do.
Assisting with Animal Care at the Shelter Bathing dogs Grooming dogs Walking dogs Socializing dogs
Bathing cats Grooming cats Socializing cats
Transporting animals Fostering animals in your home
Assisting with Cleaning at the Shelter Cat rooms Dog kennel areas General shelter cleaning ("to do " list) Assisting with various Shelter maintenance and repair projects
Assisting with various Sheffer maintenance and repair projects
Participating in Shelter support activities Board member Assist with committee activities Membership Township Website Advertising Newsletter Thank-you cards Computer projects
Fundraising Committee member Dinners Rummage sales Raffles Auction Calendar Festivals

Volunteer opportunities / interest listing - Check each item that you might be interested in