



**Wayne County Animal Adoption
and Education Center
1600 Clingman Street
Goldsboro, NC 27530
Phone (919) 731-1439
Fax (919) 731-1381**

Name: _____
 Address: _____ City & State: _____
 Email: _____ Under 18? Birthdate: _____
 Home Phone: _____ Cell Phone: _____
 Emergency Contact (name, relationship, phone) _____
 Do you have medical Insurance? [] yes [] no
 What company is policy with? _____
 Previous volunteer experience? _____

Days Available: MON ___ TUES ___ WED ___ THURS ___ FRI ___ SAT ___ SUN ___
 Time Available: MON ___ TUES ___ WED ___ THURS ___ FRI ___ SAT ___ SUN ___
 Length of Commitment: _____ Physical Limitations _____
 Have you ever been arrested or charged with a crime [] yes [] no?
 If yes, please explain: _____
 How did you hear about our program? _____

Do you object to: 1.-background check [] yes [] no 2.-photograph on record [] yes [] no
 Anything else you would like to add: _____

Please check the volunteer activities that you are interested in:

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Assisting Customers in Shelter | <input type="checkbox"/> Community Activities |
| <input type="checkbox"/> Animal Transport | <input type="checkbox"/> Animal Socialization |
| <input type="checkbox"/> Working with Dogs | <input type="checkbox"/> Working with Cats |
| <input type="checkbox"/> Unfolding Newspapers | |

**** I understand that if over the age of 18, I do not need a parent with me. If I am between 16-18 years old, I must have a parent with me during orientation and the first two volunteer days. If I am under the age of 16, I must have a parent in the building at all times and with me if I am not shadowing a staff member.

I, _____ would like to volunteer for WCAAEC, I understand that volunteering with and around animals at the WCAAEC may present some hazards and that injuries may occur.

I further release WCAAEC, and all staff from any and all claims that may arise from or are related to any damages or injuries that occur while I am at the shelter volunteering.

This release will be valid until I am no longer involved in the volunteer program.

 Volunteer Signature

 Parent/Guardian (under 18)

 Date