

VOLUNTEER INFORMATION SHEET

Name: _____

Address: _____

Phone: Work: _____

Home: _____

Email: _____

Please list any pets living in your home: _____

Please list the number of children (and their ages) under 18 years old living in your home: _____

I (we) would be willing to provide the following rescue services:

Foster Care Male / Female / No Preference

Transportation Area you can cover: _____

Shelter Visits Time of day available: _____

Fund Raising Name and Location _____

Adoption Counselor _____

Education and LIGRR Representative _____

I fully understand and agree to assume all risks involved in any and all duties that I perform for Long Island Golden Retriever Rescue, Inc. in my volunteer capacity and I agree to hold Long Island Golden Retriever Rescue, Inc. harmless for any injury/injuries that I might sustain during the course of volunteer duties.

This waiver does include myself, all of my family members and descendents forever from seeking any legal action whatsoever against the Long Island Golden Retriever Rescue, Inc. or its representatives.

Date: _____ Signature of Volunteer: _____

PLEASE PRINT OUT AND RETURN TO:
Long Island Golden Retriever Rescue, Inc.
P.O. Box 566
Plainview, New York 11803-0566