



*Rutherford County*  
**Pet Adoption &  
Welfare Services**

285 John R. Rice Blvd. Murfreesboro, TN 37129  
(615) 898-7740 or Fax (615) 898-7994

Name: \_\_\_\_\_

Parent/Legal Guardian Accompanying (if minor applying): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

If under 18 how old are you? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes explain: \_\_\_\_\_

Have you ever volunteered at another shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which shelter: \_\_\_\_\_

What areas or tasks of the shelter are you interesting in? \_\_\_\_\_

Do you have any special animal handling experience? (i.e. grooming, training) \_\_\_\_\_

What days and times would you be able to volunteer at the shelter? \_\_\_\_\_

Do you have any medical conditions that might affect your ability to volunteer? (i.e. allergies, back injuries) \_\_\_\_\_

Person to be notified in an emergency: Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Doctor's information: Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

By signing this application I am stating that all information contained herein is true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	
Date received: _____ By: _____	Interview date _____ Time _____
Date reviewed: _____ By: _____	Approved _____ Disapproved _____
	By _____



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**Conditions:**

I, \_\_\_\_\_, the undersigned understand:

(Print Name)

1. That I have agreed to perform voluntary services to benefit the Rutherford County P.A.W.S. Department.
2. That I willingly chose to perform such voluntary service.
3. That I shall perform such voluntary services at the direction of the Director of P.A.W.S. I understand that additional parties may be assigned to supervise my volunteer work.
4. That the Director of P.A.W.S. and/or the parties assigned to supervise me shall have sole discretion in determining what work is suitable for my performance.
5. That I may handle only those animals that are specifically designated by P.A.W.S. personnel.
6. That no animal may ever be removed from P.A.W.S property without permission from the Director.
7. That there will be a volunteer schedule made and I will be allowed to work only those times scheduled.
8. That I have a disability that may, with or without reasonable accommodation, prevent me from participating in this program. I must bring this to the attention of the Director before starting work.
9. That I will not receive any compensation for my volunteer work.
10. That I voluntarily perform such services, and I agree to indemnify and hold harmless and waive any claims I may have now or in the future against Rutherford County and any of it's departments, officers, employees, or agents from and against any and all liability arising out of or related to the performance of my volunteer service or for any negligent act or omission by such parties.
11. That alcoholic beverages or other substances of any type that may impair my abilities to perform are prohibited at the work site.
12. That I may not interfere with any of the operations of the P.A.W.S. Department and that I ay be asked to suspend my volunteer work at any time my presence interferes with the operation of the P.A.W.S. Department.

I have read the above agreement, understand the meaning thereof, and agree to the terms set forth herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18 years of age, parent or guardian signature is required:

Print name: \_\_\_\_\_ Relation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Comments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ By: \_\_\_\_\_