



Covenant Pet Trust  
P.O. Box 1172 Lake City Fl. 32056  
Telephone: 386-288-1339  
Covenantpettrust.org  
email: covenantpettrust@gmail.com

## Volunteer Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Why are you interested in becoming a volunteer at our center? \_\_\_\_\_

\_\_\_\_\_

Describe any previous experience working with animals: \_\_\_\_\_

List present and previous volunteer jobs \_\_\_\_\_

\_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

May we call you at work? \_\_\_\_\_ If yes, phone # \_\_\_\_\_

Educational experience (if currently in school, include name of school, grad and course of study)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List additional information that may be useful (ie; special skills, training, interests, hobbies): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list the days you prefer to volunteer and write in the times next to the days that you prefer**

\_\_\_\_\_  
\_\_\_\_\_

List two references we may contact. Include name, phone number, and affiliation with references:

1) \_\_\_\_\_

2) \_\_\_\_\_

I give my permission to Covenant Pet Trust to verify the above information. I understand that criminal background checks will be done on all volunteers. Furthermore, I understand that this application does not guarantee acceptance to the Covenant Pet Trust Volunteer Program.

\_\_\_\_\_  
Volunteer Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature/Date  
If volunteer is under 18

\_\_\_\_\_ Office use only \_\_\_\_\_

Drivers License # \_\_\_\_\_ Expires \_\_\_\_\_

Attended volunteer orientation \_\_\_\_\_ date: \_\_\_\_\_

Position Granted \_\_\_\_\_

Interviewed by \_\_\_\_\_ date: \_\_\_\_\_

Online records check done by \_\_\_\_\_ no records found \_\_\_\_\_ (check if applies)

**If records check results are found print results and attach on back of application**

## Covenant Pet Trust Volunteer Liability Release & Waiver

I, the undersigned, understand that my participation with Covenant Pet Trust Inc. is strictly on a volunteer basis. I understand that there are inherent risks associated with my volunteer activities, including the risk of personal injury resulting from animal bites and other animal behavior, and with such understanding, I hereby waive, release and forever discharge Covenant Pet Trust and its officers, employees, agents, or trainers, from any and all claims (whether present or future) arising out of my participation in Covenant Pet Trust Volunteer program. I understand that by signing below I am waiving any and all claims of liability including, but not limited to, claims of negligence and/or injury to me, against Covenant Pet Trust, it's officers, agents and employees, arising out of my participation in the Covenant Pet Trust Volunteer Program.

Furthermore, I understand that it is important to have a tetanus vaccination before joining the Covenant Pet Trust Inc. Volunteer Program, and thusly, I understand it is important to discuss being vaccinated against tetanus with my physician. I therefore release Covenant Pet Trust Inc. from all injuries, claims or other loss that I may incur because of my decision to not obtain a tetanus vaccination.

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

**MINOR CONSENT:** I, \_\_\_\_\_ give consent for  
(parent / guardian – print name)

\_\_\_\_\_ to volunteer at Covenant Pet Trust.  
(minor's name - print)

I have read the above liability release & waiver and understand it applies to my child. I further confirm I have adequate health insurance that will cover the minor in the event of a medical emergency, as Covenant Pet Trust is in no way responsible for costs, medical or otherwise, that may arise out of volunteer service with Covenant Pet Trust.

**SIGNED AND AGREED:**

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Date