



**FAST FRIENDS GREYHOUND AND ADOPTION CENTER  
VOLUNTEER APPLICATION**

Name:		Date of birth: month / day		Are you 18 or older? Circle one <input type="checkbox"/> YES <input type="checkbox"/> NO	
Home Address:		E-mail:		E-mail Newsletter? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City:	State:	Zip:	Day Phone:	Home Telephone:	Cell:
Occupation:		Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a member of Fast Friends: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any allergies or physical conditions that might affect your volunteer work? If yes, please describe.					
In an emergency, please notify: Name:				Phone:	

<b>REFERENCES: PLEASE LIST TWO</b>		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Please Place a Check Mark Under Each Category You Are Available to Volunteer In							
Walking	Socializing	Chores	Nursing Home Visits	Meet and Greet	Baking	Special Events	Gardening

I hereby agree to release, indemnify and hold harmless Fast Friends Greyhound Adoption, its board members, officers, directors, employees, and other volunteers from any and all claims, damages, and liability arising from or related to my activities as a Fast Friends volunteer under this agreement or for any negligent act or omission by Fast Friends, its board members, officers, directors, employees or other volunteers.

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

If you are under 18 years of age, you will need parental consent to volunteer for Fast Friends.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian