Maine Greyhound Placement Service
231 Old Belgrade Road
Augusta, Maine 04330
(207) 626-2893
www.greyhoundplacement.com

VOLUNTEER APPLICATION

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE # _____

WORK PHONE # _____

OTHER (cell) # _____

EMAIL ADDRESS: _____

CURRENT OCCUPATION: _____

HOW DID YOU HEAR ABOUT MGPS? _____

_____

DO YOU OR HAVE YOU EVER OWNED A GREYHOUND? _____

WHAT IS YOUR REASON FOR WANTING TO VOLUNTEER? _____

HOW LONG DO YOU ANTICIPATE COMMITTING TO MGPS AS A VOLUNTEER?

_____

PLEASE LIST ANY SPECIAL SKILLS OR TALENTS YOU HAVE THAT MAY BE OF HELP TO THE ORGANIZATION:

1.)_____

2.)_____

3.) _____

4.) _____

(If more room is needed please use backside of this page.)

WEEKLY VOLUNTEERING AVAILABILITY*: Please put an "X" in the space provided

Day of Week:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
7 A.M.							
12 P.M.							
5 P.M.							
8 P.M.							

****Maine Greyhound Placement Service prefers a MINIMUM commitment of ONE scheduled visit per WEEK for EVERY volunteer.***

AREAS OF INTEREST: Please put an "X" in the space provided

Fundraising / Writing: _____

Turnout: Care / Upkeep for Dog's Daily Activities _____

Driver: Dog Hauler for New Arrivals _____

Medical: Clinical Technicians _____

Yard Work: i.e. Raking, Mowing, Shoveling _____

Jack-of-All-Trades: i.e. Carpentry, Plumbing, Painting, Maintenance _____

Meet and Greets: _____

Other: _____

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Participants Release and Waiver of Liability

I, _____, in consideration of my participation in the volunteer program of Maine Greyhound Placement Service (MGPS), recognize and acknowledge that participation may require vigorous physical activity that may result in risks of bodily injury, both known and unknown, including but not limited to laceration, bruising, abrasions, infections, fracture of bone/s, wounds from bites, trauma leading to extensive healing and scarring. Further, I recognize and acknowledge that other risks include, but are not limited to tool injuries, contracting infectious and parasitic zoonotic diseases and rash, exposure to chemicals, potential for falls and being pushed down from contact with dogs.

I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or even death. I agree to assume the responsibility for the risks herein and those risks not specifically identified. Participation in this program is voluntary; no one is forcing me to participate, and I elect to participate in spite of the risks set forward. I understand that proper clothing, footwear is required while volunteering at this shelter, closed toe footwear, hair is not flying loose, and clothing may be exposed to chemical bleaches.

I acknowledge and do hereby certify that I am in good physical health and have no illnesses, disabilities, injuries, nor physical conditions (cardiac, pulmonary, pregnancy, etc.) that would prevent or hinder my safe participation in any activities associated with the MGPS. I understand that it is my responsibility to notify MGPS if I am unwilling or think myself to be unable to complete a task for whatever reason.

I assume all risks associated with my participation at MGPS, and hereby release and hold harmless the organizations directors, officers, agents, employees and volunteers of MGPS, as well as the owners and agents of any properties involved with the work of MGPS, from any and all actions, causes of action, claims, demands, damages, costs, expenses, attorneys fees, compensation and all consequential or other damages now accrued or hereafter to accrue to or for my benefit.

I warrant that I am 18 years of age or older, and that I have read, fully understand and agree to the foregoing terms.
If I am not yet 18 my parent (guardian) _____, has read and fully understands and agrees with terms set forth.

SIGNATURE _____DATE _____
GUARDIAN SIGNATURE _____DATE _____