

THE ANIMAL DEBT PROJECT
A 501(c)(3), NO-KILL
DOG RESCUE



Contact Information

Name	
Street Address	
City State ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings ___ Weekend mornings ___
Weekday afternoons ___ Weekend afternoons ___
Weekday evenings ___ Weekend evenings ___

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Adoption Events
- Dog Training
- Field work/Carpentry
- Fundraising
- Grant Writing
- Marketing
- Newsletter production
- Photography
- Social Media
- Transports
- Volunteer Coordination
- Other-Please explain: _____

Special Skills/Volunteer Work and/or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. "I hereby understand and agree to comply with all rules and regulations established by The Animal Debt Project, LLC, and I understand that failure to comply will result in termination as a volunteer. I acknowledge that my services are provided on a volunteer basis, without payment of any kind. All services will be performed at my own risk. I acknowledge that in volunteering with dogs there are risks involved that may cause damage to my home, injury, exposure to disease, and physical harm caused by dogs. I acknowledge that I agree to indemnify and hold harmless The Animal Debt Project, LLC, for any costs or liabilities which may incur as a result of volunteering for The Animal Debt Project, LLC".

Name (printed)	
Signature	
Date	
If Under 18, Please Have a Guardian Sign Below	Parent/Guardian's Name (printed):

	Parent/Guardian's Name (signature):
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Photography Agreement

I grant to The Animal Debt Project, LLC, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize The Animal Debt Project, LLC. it assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that The Animal Debt Project, LLC., may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.*

Name (printed)	
Signature	
Date	
If Under 18, Please Have a Guardian Sign and Date Below	Parent/Guardian's Name (printed):
	Parent/Guardian's Name (signature):

ADP Representative
(printed)

ADP Representative
(signature)

Date

ADP Representative's
Phone #

Please send the form to:

Eddie Messick
Owner/President
theanimaldebtproject.com
(415) 844-0801

To set up a time to meet at the rescue, please contact:

Jeff Myers
Co-founder/Marketing
Ozzeeprints@gmail.com
(562) 455-6305

Anyone interested in tours must fill out this form, as well. We look forward to meeting you!

*COMMUNITY SERVICE APPLICANTS:

Please note there will be human contact, and no violent crimes or those involving children are allowed.

Please note the hours_____and the date they are due_____. We are not responsible for meeting your hours by a particular date.

Dennis Murphy
Community Service Coordinator/Property Manager
djdennismurphy@gmail.com
(925) 273-4352