

Roane County Animal Shelter//  
296 Manufacturers Road  
Rockwood, TN 37854  
865-354-7387  
865-354-8891 Fax  
[animalshelter@roanecountytn.gov](mailto:animalshelter@roanecountytn.gov)

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

Contact Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ TNDL# \_\_\_\_\_

Education Level: \_\_\_\_\_

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

How many hours are you required to complete? \_\_\_\_\_

When are you available?

Weekday Mornings

Saturday Mornings

Weekday Afternoons

Saturday Afternoons

Fundraisers

Saturday Evenings

Interests:

Events  Field Work  Fundraising  Volunteer  
Coordination

Skills:

Summarize special skills or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Do you have experience with live stock?

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Please list any physical limitations you may have.

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Please list previous volunteer experience.

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Have you ever been convicted of a crime? \_\_\_\_\_

If so, what were you convicted of and when?

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Are you willing to have a background check?    Yes            No

Are you willing to comply with the rules and regulations  
established in the volunteer handbook?    Yes            No

Emergency Contact Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email 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.

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

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

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

Thank you for completing this application form and for your interest in volunteering with us. I understand that this application does not guarantee acceptance into the Roane County Animal Shelter Volunteer Program.

## Release and Waiver of Liability

That I understand, a private person, for in consideration of the privilege of working as a volunteer at the roane county animal shelter, and recognizing and fully understand that animal shelter activities involves inherent dangers and risk for injury, scratches, bites and illnesses, including death, do hereby agree to assume all risks, both foreseen and unforeseen, Attendant to such animal shelter activity and do hereby release and hold harmless roane county, the roane county animal shelter, and its employees in both their public and private capacities, from any and all liability, claims, suits, demands, or causes of action which may arise from working with and around animals as a volunteer including injury or death which may result or be caused by an animal while in the custody and/or under control of the roane county animal shelter or roane county animal control.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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

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

Witness signature: \_\_\_\_\_

Signature of Guardian (if under age 18):

\_\_\_\_\_

**(Please have waiver notarized)**