



HALFWAY HOME PET RESCUE, INC.
PO BOX 488 11 PIONEER AVENUE
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Petfinder.com

HALFWAY HOME PET RESCUE, INC. VOLUNTEER APPLICATION

NAME: _____ DATE: _____

PHYSICAL HOME ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

REASON FOR WISHING TO VOLUNTEER:

HIGH SCHOOL COMMUNITY SERVICE _____ COURT COMMUNITY SERVICE: _____

OTHER REASON TO VOLUNTEER _____

ADDITIONAL EXPLANATION IF NEEDED:

REFERENCES: (3 ARE NEEDED) Give name and telephone number

1. _____
2. _____
3. _____

Young people under the age of 18 must have their application approved by their parents. Application must state what activities the parents will allow their youngster to perform including the following: Direct care with domestic adult cats or young kittens by feeding animals, cleaning cages, cleaning litter boxes, grooming animals, playing with animals, laundry, folding laundry, making up adoption gift boxes, running errands, transporting animals to or from the vet before or after surgery, updating files, and/or computer data entry.

Halfway Home Pet Rescue, Inc. does not carry volunteer insurance. Volunteers will need to provide their own insurance for the ER at the hospital in case of any injury by an animal they might work with.

Volunteer's Signature: _____ Print: _____ Date: _____

Parent's Permission: _____ Print: _____ Date: _____

My child is allowed to do the following tasks: _____
