



DOGS RULE KENNEL, LLC
N4429 19TH AVE., N, MAUSTON, WI 53948
608-847-DOGS (3647)

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

CELL PHONE: _____

DRIVERS LICENSE: _____ DATE OF BIRTH: _____

I AGREE THAT I AM 18 YEARS OF AGE OR OLDER.

I AGREE THAT I AM VOLUNTEERING TO HELP WITH THE CARE OF SHELTER DOGS, AND I UNDERSTAND DOGS RULE KENNELS IS NOT RESPONSIBLE FOR ANY INCIDENTS THAT MIGHT OCCUR TO ME AS A VOLUNTEER.

I AGREE THAT DOGS RULE KENNEL IS NOT RESPONSIBLE FOR ANY ACTIONS I TAKE AS A VOLUNTEER.

I WILL FOLLOW ALL INSTRUCTIONS I RECEIVE AND TAKE CARE OF EACH DOG ACCORDINGLY.

SIGNATURE: _____

DATE: _____

WITNESS: _____