



**PETS IN NEED CLINIC (PINC)**

Saturday, February 21, 2009

Noon - 3:00 PM

Henrietta Animal Hospital

**VOLUNTEER REGISTRATION**

Volunteer Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZipCode \_\_\_\_\_

Best phone number (work, home, cell?) \_\_\_\_\_

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

Please list any previous experience working with animals (Not required to volunteer)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have computer/data entry skills? Yes/No

Age (if under 18) \_\_\_\_\_

**Liability Waiver**

I, \_\_\_\_\_ release from all liability and hold harmless the Henrietta Animal Hospital, its employees, and volunteers for any and all issues or injuries relating to my participation as a volunteer for Pets In Need Clinic (PINC).

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

(Waiver must be signed by a parent or guardian for any volunteer under the age of 18)

Thank you for your service. Confirmation of volunteer hours can be provided, upon request, for any school service requirement.

Debra Bonsignore  
Volunteer Coordinator  
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