



## Volunteer Application

Name: _____	Age: _____
Address: _____	
City/State/Zip: _____	
Phone: _____	(home) _____ (cell)
Email: _____	

Check areas of interest:

- |   |  |
|---|--|
| <input type="checkbox"/> Administration       | <input type="checkbox"/> TNR Trapping          |
| <input type="checkbox"/> Database maintenance | <input type="checkbox"/> TNR Prep and Recovery |
| <input type="checkbox"/> Barn Cat relocation  | <input type="checkbox"/> TNR Transport         |
| <input type="checkbox"/> Events               | <input type="checkbox"/> Colony Management     |
| <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Colony Feeding        |

Special skills you bring with you:

Jr .Volunteers must receive parent's permission to participate:

I permit my son/daughter, \_\_\_\_\_ to volunteer with Tip Me Frederick.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Waiver of Liability

I, as a volunteer with Tip Me Frederick (TMF) hereby knowingly, freely and voluntarily waive all claims for injuries, losses, combinations thereof, and / or demands of any incidents arising as a result of such activity on or off the premises, from which any liability may or could occur against TMF, its Board of Directors, or any affiliates. I declare that I shall not hold TMF liable for any illness, injury or disease I might contract or sustain while I am volunteering in said capacity. I also understand that I am not covered under any insurance for TMF, an all-volunteer, non- profit organization. I fully recognize the possible dangers associated with the work of TMF, and I freely consent to this waiver.

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

Please return to us via email at [Volunteer@tipmefrederick.org](mailto:Volunteer@tipmefrederick.org) or snail mail to:

Tip Me Frederick | 10425 Daysville Road | Walkersville, MD 21793

Call us with any questions at 301-845-1061