



TIP ME FREDERICK TIPLINGS



VOLUNTEER APPLICATION

Name: _____ Age: _____

Phone: _____ Is this a Mobile Landline

Street address: _____

City/State/Zip: _____

Email address: _____

Facebook: _____

Check areas of interest:

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

What special skills do you bring with you? Previous experience?

Junior Volunteers - ages 10-17 (must receive guardian's permission to participate)

I permit (name): _____

to volunteer with Tip Me Frederick and or Tiplings

Guardian signature: _____ Date: _____

Waiver of Liability

As a volunteer with Tip Me Frederick (TMF) and Tiplings, I 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/Tiplings, its Board of Directors, or any affiliates. I declare that I shall not hold TMF/Tiplings 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/Tiplings, an all-volunteer, non-profit organization. I fully recognize the possible dangers associated with the work of TMF/Tiplings, and I freely consent to this waiver.

Signature: _____ Date: _____