Brookhaven Animal Rescue League Volunteer Application Form

Check the areas below in which you are most interested. Volunteers will receive instructions before participating in any of our programs. Please return this completed application to BARL, P.O. Box 3477, Brookhaven, MS 39603. Volunteers under the age of 18 must have a signed approval from their parent or guardian. For more information about volunteering, please email us at: info@barl.net, or call and leave a message at 601-757-4367.

Volunteer Information: (Please Print)	Please indicate all of the ways you would like to
Name:	help: □ Spending time with dogs: training, bathing,
Email address: Phone: Address:	 □ Yard maintenance: Weed Eating or Cutting Grass □ Kennel and yard cleaning □ Office/Clerical □ Computer repair/maintenance □ Putting up flyers prior to events □ Adoption Events or Fund-raising Events
City,State,Zip:	
Are you volunteering to fulfill a community service requirement? Yes/No If yes, how many hours? Special Skills? (Computer, art, carpentry, etc)	 □ Vendor's Emporium: once a week (gathering, stocking booth, pricing items) □ Sending photos of adoptable animals to the newspaper each week □ Fostering Care:long term, puppy, medical care 2 weeks/Homeward Bound Program □ Transport animals to Starkville or Hattiesburg
I agree to acquaint myself with BARL policies and to abide by them at all times. I am aware of any risks associated with this volunteer activity and I agree that BARL will not be responsible for any injury or damage to my person or property while I am engaged in volunteering for BARL. I agree to do no harm to any BARL animal. I understand that BARL may terminate my volunteer services at any time, for any reason.	
Signature:	Date:
If under 18, what is your age: Dat	e of Birth:
Name of Parent or Guardian (please print):	
Signature of Parent or Guardian:	Date:
Address of Parent or Guardian:	