



Langley Animal Protection Society

LAPS VOLUNTEER WAIVER

(You must be 18 years of age or older to fill out this application)

A. APPLICANT INFORMATION

First Name: _____ Last Name: _____ Age: _____

Street Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Email Address: _____

B. AREA YOU WILL BE VOLUNTEERING IN:

(check off all applicable)

Dog Care (____) Grounds Maintenance (____) Administrative Assistance (____)

Cat Care (____) Community Events (____) Shelter Assistance (____)

C. WAIVER FOR VOLUNTEERING WITH LAPS

I, _____, waive all rights, claims, demands, actions or cause of action that I may otherwise have against Langley Animal Protection Society or its directors or agents arising out of any injury or damage that I may suffer to my person and/or property, both real and personal, as a consequence of my having agreed to volunteer with LAPS.

_____ I agree to follow all the rules presented me by a representative of LAPS while I am volunteering and I understand that if I do not follow these rules I may be asked to leave as a volunteer.

_____ I agree to commit to 2-3 hours of volunteer time per week.

Dated in British Columbia, this _____ day of _____ 20_____.

Volunteer Signature: _____