



CUYAHOGA COUNTY JUNIOR SHELTER ASSISTANT APPLICATION

****Please Print****

Date _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Date of Birth ___/___/___ Age _____

Guardians/parents email address _____

Home Number _____

Guardian/Parents Cell Number _____

Criteria: Must be ages 9-15.

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Home Number _____ Work Number _____ Cell Number _____

I, _____, hereby fully and forever waive, release, and hold harmless, the **Cuyahoga County Animal Shelter** and the **County of Cuyahoga, Ohio**, together with carriers, from all actions, claims, of every nature whatsoever, damages and judgments which I may have now or in the future against the **Cuyahoga County Animal Shelter** and the **County of Cuyahoga, Ohio** for all injuries to myself and damages, known and unknown, and or arising out of myself as a **Volunteer of Cuyahoga County Animal Shelter**.

I, the undersigned, have read this waiver and release, understand all of its terms and I execute it voluntarily and with full knowledge of its significance.

Signature: _____ Date _____

Parent/Guardian Signature if Under 18: _____ Date _____

Submit or mail applications to:
Jen Huettich @ 9500 Sweet Valley Dr.
Valley View, Ohio 44125
216-525-PUPS
www.cuyahogadogs.com
or email jhuettich@cuyahogacounty.us

