



Leaps & Bounds Rabbit Rescue, Inc.

P.O. Box 466

Roseville, CA 95661-0466

www.leapsandboundsrabbitrescue.cfsites.org

Volunteer Application Form

Volunteer Information:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____

Medical Insurance and ID: _____

I hereby release Leaps & Bounds Rabbit Rescue, Inc., from any liability or responsibility relating to or regarding volunteer activities. I agree to hold Leaps & Bounds Rabbit Rescue, Inc., its officers, directors, employees, agents, members, and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from my participation in volunteer activities and/or events. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that I will assume full responsibility for any such action, including payment of costs.

Signature: _____

Date: _____