

VOLUNTEER APPLICATION

Please print clearly.

Date:			
Name:			
Mailing Address:			
Home Telephone	Cell/Business Teleph	none	E-mail
☐ Over 18 ☐ Under 18. Actu	ual age if under 18:		
Emergency Contact:			
Name:	Relationship:	Phone #:	
Experience:			
Have you had any experience	with animals before? Dogs_	Cats	
Have you ever volunteered at	an animal shelter before?	☐ Yes ☐ No If yes, ex	plain:
Do you have pets? ☐ Yes ☐	No If so, what kind?		
Do you have any special skills, the volunteer program? (ie. Co		-	
Availability:			
Months/ Seasons:			
Mon: Tue: M	Ved: Thu:	Fri: Sat:	Sun

When are you	typically available	.?	
Morning	Noon	Afternoon	
Do you have a If yes, please o		ions that we should be aware of? Yes No	
Areas of Inter	est for Volunteeri	ng (Please Check All That Apply):	
Front Desk (ar	nswering phones,	guest sign in, clerical) 🗆	
Kennel □			
Walkin	ng Dogs 🗆 Cleanin	g Kennels 🛘 Laundry 🗖 Prepping Toys and Treats 🗖 Shy Dog	g Program □
Puppy Room I	0		
Walkin	ng Puppies □ Clea	ning Kennels □ Socialization □ Laundry □ Dishes □	
New Arrivals ((Dogs/ Puppies in	Quarantine) 🗆	
Walkin	ng Dogs/ Puppies [☐ Cleaning Kennels ☐ Laundry ☐ Dishes ☐	
Cattery □			
Cat So	cialization 🏻 Clea	ning □ Laundry □ Dishes □	
Community Se	ervice:		
Are you volun	teering for comm	unity service hours? If so, please complete below:	
☐ School Com	nmunity Service ho	ours. # of hours needed:	
☐ Court Mand	dated. Reason:	# of hours needed:	
		10	
Signature of Pa	rent or Guardian if	18 years or under	