



## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Are you 18 years or older: Yes \_\_\_ No \_\_\_ (Must be 18 years old or accompanied by a parent or guardian with a signed Volunteer Release of Liability form) Copy of ID may be required.**

TELEPHONE: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

EMAIL ADDRESS (please print clearly): \_\_\_\_\_

OCCUPATION/ SCHOOL \_\_\_\_\_

EXPERIENCE WITH ANIMALS OR VETERINARY SETTING: \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

DO YOU OWN PETS: Yes \_\_\_\_\_ No \_\_\_\_\_ BREED \_\_\_\_\_

PLEASE CHECK ALL AREAS OF INTEREST:

Administrative Support     Fundraising     Clinic\Kennel Work     Special Events

Grant writing     Community Outreach     OTHER

Please note any special skills or abilities: \_\_\_\_\_

AVAILABILITY TO VOLUNTEER: (Please specify which days, mornings, and/or evenings, are best for your schedule.)

\_\_\_\_\_

HOURS NEEDED: \_\_\_\_\_

**PLEASE LIST ANY MEDICAL PROBLEMS, ALLERGIES OR OTHER ISSUES WE SHOULD BE AWARE OF TO ENSURE A SAFE**

**VOLUNTEER ENVIRONMENT:** \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN: (if under 18 years old): \_\_\_\_\_ DATE: \_\_\_\_\_