

Name of Organization
VOLUNTEER APPLICATION

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____

Day Phone _____ Evening Phone _____ Cell Phone _____

E-mail _____

Occupation _____ Employer _____

When is the best time to contact you? _____ May we call you at work? _____

Date of Birth _____

Education (circle all that apply): High School College Graduate

Excluding traffic violations, have you ever been convicted of any criminal offense?

If yes, please explain _____

Volunteer Questions

Why are you interested in volunteering? _____

Describe any previous experience working with animals: _____

List any additional information that may be useful (i.e. special skills, training, interests, hobbies) _____

Do you have a valid New York driver's license? _____

If willing to transport animals as part of your volunteer work, is the car you are driving covered by liability insurance? _____

Please choose your area(s) of interest:

Dogs Cats Other: _____

Cleaning & feeding shift

Groomer

Medicines

Receptionist

Dog walking/training

Fund raising

Adoption clinics

Education/communications

Foster care

Rescue transport

Adoption counselor

Facility building and grounds maintenance

Please check days and times you prefer to volunteer:

Shift Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:30-9:00 a.m.							
9:00 am – noon							
Noon – 3:00 p.m.							
3:00 – 6:00 p.m.							

Emergency Contact

Name _____ Relationship: _____

Phone number(s) _____

References (list two with names and phone numbers)

I give my permission to *Name of Organization* to verify the above information. I understand that this application does not guarantee acceptance to the *Name of Organization* volunteer program.

Volunteer Signature Date