

VOLUNTEER APPLICATION

*Thank you for your interest in volunteering.
It is our policy to provide equal opportunities
without regard to race, color, religion, age, gender,
sexual preference, national origin or disability.*



CONTACT INFORMATION

Name _____

Street Address _____

City, State, Zip _____

Area Code/Phone #1 _____

Area Code/Phone #2 _____

Email Address _____

Do you have medical insurance? Yes No

If Yes, Name of Carrier _____

AVAILABILITY

Check all that apply:

Monday Hours _____

Tuesday Hours _____

Wednesday Hours _____

Thursday Hours _____

Friday Hours _____

Saturday Hours _____

Sunday Hours _____

INTERESTS

In which areas are you interested in volunteering:

Clinic Adoption Caregiver/Counselor

Special Events Adoption Transporter

Phone Line Fundraising Events Volunteer

COIN Monitor Graphic Design

Other _____

SPECIAL SKILLS

*What skills and qualifications have you acquired from
employment, volunteer work and/or other activities
that you feel will enhance your work with our clinic?*

VOLUNTEER EXPERIENCE

*Summarize your previous volunteer experience with
animals and other organizations.*

IN CASE OF EMERGENCY

Person to Notify _____

Relationship _____

Street Address _____

City, State, Zip _____

Area Code/Phone #1 _____

Area Code/Phone #2 _____

Email Address _____

Please use other side, if additional space is needed.