



VOLUNTEER APPLICATION

CONTACT INFORMATION

Name: _____

Address: _____

Email: _____

Phone: _____ **Alt. Phone:** _____

EMERGENCY CONTACT

Name: _____

Phone: _____ **Relation:** _____

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

AREAS OF INTEREST | Check All That Apply

Preventative Care Clinic

- Pet Owner Advocate
- Lab Technician
- Customer Greeter
- Animal Handler
- Vet Assistant
- Pharmacy Technician
- Medical Chart (Clerical)
- Spay Neuter Program
- Other Clinic Duties

Administration

- Office and Filing
- Special Events
- Fundraising
- Volunteer Coordination
- Committee Chairmanship

Communications & Outreach

- Humane education
- Newsletter production
- Website development

Additional Programs

- Pet Food Bank
- Dog Grooming
- Dog Training
- Rehoming and Adoptions
- Landscape Design
- Grounds Maintenance
- Facility Maintenance
- Building Renovation
- Special Projects

QUALIFICATIONS | Summarize any special skills you have acquired from employment or through other activities, including hobbies.

PREVIOUS SERVICE | Summarize any past volunteer experience; include duties, title, and organization name when applicable.

