Volunteer Application

Please note upon submission of this application we will add you to our mailing list. You will be emailed when volunteer opportunities arise.

Personal Information

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Work Phone: _____ Cell Phone: _____

Birthday: _____ T-Shirt Size: _____

Are you over 18? ☐ Yes ☐ No

Are you a minor look for volunteer opportunities? ☐ Yes ☐ No

Are you looking to fulfill volunteer hours for school or court? ☐ Yes ☐ No

Emergency Contact Information

Emergency Contact Name:_____

Emergency Contact's Home/Cell Phone: _____

Emergency Contact's Work Phone: _____

Relationship to Emergency Contact: _____

Area of Interest

Check the boxes below for all areas you are interested in volunteering:

☐ Dogs ☐ Adoption Events ☐ Driving Animals to Vet Appointments

☐ Cats ☐ Fundraising Events ☐ Office & Paperwork

Do you have any animal or administrative skills, if so please describe:

_____

_____

_____