

ANIMAL SHELTER VOLUNTEER APPLICATION

1st Emergency Contact Name and Address: Phone Number: 2nd Emergency Contact Name and Address: Phone Number: Days and times available: (circle one)	Name: (Pleas	e Print Clearly)					
Street City State Phone Number and Type: Cell Choose One: Call/Text/both Email: Driver License Number / State: 1st Emergency Contact Name and Address: Phone Number: 2nd Emergency Contact Name and Address: Phone Number: Days and times available: (circle one) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)			Last		DOB/Age		
Phone Number and Type:	Address:						
Cell Choose One: Call/Text/both Email: Driver License Number / State: Ist Emergency Contact Name and Address: Phone Number: 2nd Emergency Contact Name and Address: Phone Number: Days and times available: (circle one) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)	Street		City	State			
Email: Driver License Number / State: 1st Emergency Contact Name and Address: Phone Number: 2nd Emergency Contact Name and Address: Phone Number: Days and times available: (circle one) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)	Phone Number	er and Type:					
Driver License Number / State:					e: Call/Text/both		
1st Emergency Contact Name and Address: Phone Number: 2nd Emergency Contact Name and Address: Phone Number: Days and times available: (circle one) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)							
Name and Address: 2nd Emergency Contact Name and Address: Phone Number: Days and times available: (circle one) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)	Driver Licens	se Number / State	e:		_		
2nd Emergency Contact Name and Address: Days and times available: (circle one) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)	1st Emergen	cy Contact					
Name and Address: Days and times available: (circle one) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)	Name and Address:				Phone Number:		
Days and times available: (circle one) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)	2nd Emerger	ncy Contact					
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)					Phone Number		
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (List times available)						_	
	•	•	•	THURSDAY	FRIDAY	SATURDAY	
Interested areas (mark 3 areas)	(List times av	railable)					
	Interested ar	eas (mark 3 are	eas)				

•	Dog Walker	•	Cat Socializer
•	Cleaning	•	Bather
•	Laundry	•	Event volunteer
•	Foster home	•	
•		•	
•		•	

How did you hear about this volunteer program	m?
Why are you interested in becoming an animal she	elter volunteer?
Describe any previous experience working with pe	ets:
List any special skills, training, interest or hobbies:	
Are you interested in volunteering to satisfy a com Explain:	nmunity service requirement? Y/N
	Date:
Signature	
	Date:
Parent/Legal guardian for under age applicants	