



ANIMAL SHELTER VOLUNTEER APPLICATION

Name: (Please Print Clearly)

First Last DOB/Age

Address:

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)

Interested areas (mark 3 areas)

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

How did you hear about this volunteer program?

Why are you interested in becoming an animal shelter volunteer?

Describe any previous experience working with pets:

List any special skills, training, interest or hobbies:

Are you interested in volunteering to satisfy a community service requirement? Y/N

Explain:

Signature

Date: _____

Parent/Legal guardian for under age applicants

Date: _____