

VOLUNTEER APPLICATION

		Date:						
Name:			Current O	ccupation:				
Last	First	M.I.						
Address:								
Street				City		Zip		
Phone:		Email:						
EMERGENCY CONTA	ACT							
Name:		Phone:			_ Relations	hip:		
		Phone:			Relationship:			
INTERESTS								
Administrative Support		Foster Parenting		PetSmart- D	PetSmart- Dog Adoptions			
Cat Cleaning/Socializing		☐ Fund Raising		PetSma	PetSmart- Cat Socializing			
□ Dog Socialization		☐ Maintenance		Rabies	☐ Rabies Clinic			
☐ Duck Derby		\square Landscaping		\square WAGS t	☐ WAGS to Riches			
Events (Booths)		☐ Pet Grooming- Dogs		ogs				
AVAILABILITY Sunda	ay <u>Mond</u>	ay <u>Tuesday</u>	Wednesd	lay Thursday	Friday Sat	<u>urday</u>		
Morning								
Afternoon								
Evening								
\Box Only betv	veen thes	e dates:		ates: Weekly				
MISCELLANEOUS								
Date of Birth/	/ Om	it from birth	day list	Gender: N	/lale Fema	le		
Office Use Only/ Statu	ıs:	Inactive:	Type:	Summer	Winter	Year R	ound	