

Rec'd \_\_\_\_\_ Contact \_\_\_\_\_

Shift(s) \_\_\_\_\_ Trained \_\_\_\_\_

Hndbk \_\_\_\_\_ SL \_\_\_\_\_

told \_\_\_\_\_

Sched \_\_\_\_\_ Roster \_\_\_\_\_ Emailed \_\_\_\_\_

**PET WELFARE VOLUNTEER APPLICATION**

(Must be 16 or older to volunteer)

Please type or print neatly in ink

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Do you have base access? Yes  No 

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about Pet Welfare? \_\_\_\_\_

**Check the shift(s) you are available:**

Cat &amp; Dog approximate shift times 7:00-9:00 AM or 4:30-6:30 PM, Office Shifts are 9AM-1PM M-Sat

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	Substitute
<input type="checkbox"/> AM	<input type="checkbox"/> No regular shift, but want to volunteer						
<input type="checkbox"/> PM							

Are you interested in  Cats  Dogs  Office (check one or more)

If office, Which Day(s) \_\_\_\_\_

Would you also be interested in  Fundraising  Facilities Maintenance  Grant Writing?**Disclaimer:** While we appreciate all of our volunteers, in order for volunteering at Pet Welfare to be utilized for outside recognition, the following information must be provided: Active Duty: To be used for awards consideration/nomination, etc. Provide supervisor's name and contact information.

Name \_\_\_\_\_ Contact Email \_\_\_\_\_ Contact Phone \_\_\_\_\_

 School Credit/Community Service: Please provide parent or supervisor/instructor contact information for verification and accountability: Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

All volunteers are expected to communicate with shift leaders or volunteer coordinators in the event of an expected absence. Failure to show for shifts adversely affects the animals and the other volunteers. **Repeated no-shows will lose volunteers privilege of volunteering at Pet Welfare and those utilizing volunteering for credit will have supervisors informed.**

In signing this statement, I agree to abide by the policies and procedures of Pet Welfare during my time as a Volunteer:

Your Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Signature (If Applicant is Under age of 18) \_\_\_\_\_

Date \_\_\_\_\_

