

Volunteer Application



-- This Application is Confidential --

General Information:

Date of Application _____ / _____ / 200_____

Name: _____

Address: _____
Street City Zip

Date of Birth: ____ / ____ / 19____ Sex: M F

May we mail correspondence from THE PET PROJECT to your home address? Yes

Do you consent to having your THE PET PROJECT volunteer status made public? Yes

Contact Information	Number	Best Time to Call		Number	Best Time to Call
Home Phone			Cell Phone		
Work Phone					
e-mail					

Occupation/Expertise: _____ Do you work: full time part time

Current place of employment: _____

Employment address: _____ City: _____ Zip: _____

Do you have: a car a truck a SUV a van other vehicle

Community and/or organizational affiliations: _____

Volunteer Information:

Why are you interested in volunteering with THE PET PROJECT? Details:

Describe your current and/or previous volunteer experience. Details:

Do you have any experience as a care giver to someone with a disabling life-threatening or terminal illness (animal related or otherwise)?

When are you available to volunteer? (Check all that apply)

All day during the week	<input type="checkbox"/>	Evenings only	<input type="checkbox"/>
Weekends only	<input type="checkbox"/>	Daytime only	<input type="checkbox"/>
Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>
		Fri <input type="checkbox"/>	Sat <input type="checkbox"/>
			Sun <input type="checkbox"/>

What are your Areas of Volunteer Interest? Please check () all that apply:

Food Delivery Team:	
Food Delivery Driver (One Saturday of every Month, 10 a.m. - 12 p.m.)	<input type="checkbox"/>
Loading Assistance on Delivery Saturday (9:30 a.m. - 12:30 a.m.)	<input type="checkbox"/>
Transportation Team:	
Pick up food/litter that has been donated to Pet Project.	<input type="checkbox"/>
Transport animals to/from the clients home to the veterinary clinics.	<input type="checkbox"/>
Foster Care:	
Foster Care for Dogs	<input type="checkbox"/>
Foster Care for Cats	<input type="checkbox"/>
Dog Walking	<input type="checkbox"/>
Adoption:	
Help in placing Pets in need for Adoption	<input type="checkbox"/>
Other Areas:	
Fund Raising Events	<input type="checkbox"/>
General Office Support - answer telephones, mailings, etc.	<input type="checkbox"/>
Any computer software/hardware experience?	<input type="checkbox"/>
Any Veterinary experience?	<input type="checkbox"/>
Other:	

Do you currently have any pets? Yes No

Full Name	Type of Animal	Breed

References

In the spaces below please provide us with the names of two personal references (please print)

Reference 1 Name: _____ Phone No _____

Address: _____

Reference 2 Name: _____ Phone No: _____

Address: _____

I certify that the information given in this Application is true to the best of my knowledge. I understand that entering into and maintaining a volunteer position with **THE PET PROJECT** is subject to the verification of my statements and receipt of satisfactory references. I realize that all references received by **THE PET PROJECT** shall remain confidential.

Printed Name

Signature

Date