



Volunteer application

The basics

Your Name: _____

Your Address: _____

City/State/ZIP: _____

Your age: _____ Hm Phone: (_____) _____ Cl Phone: (_____) _____

E-mail: _____

• Highest level of education *(please check one)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Did not finish high school | <input type="checkbox"/> Attending high school | <input type="checkbox"/> Graduated high school / GED |
| <input type="checkbox"/> Attending college | <input type="checkbox"/> College degree | <input type="checkbox"/> Advanced degree |

• Employment status *(please check one)*

- | | | |
|--|--|--|
| <input type="checkbox"/> not currently working | <input type="checkbox"/> Current job less than 6 mo. | <input type="checkbox"/> Current job over 1 year |
| <input type="checkbox"/> Current job 5 years or more | <input type="checkbox"/> Retired | <input type="checkbox"/> Homemaker |

• Have you ever been convicted of a felony? No Yes *(explain below)*

References etc.

EMERGENCY CONTACT Name: _____

EMERGENCY CONTACT Phone: _____

Please list two references who can speak to your character, work ethic, and/or experience with animals

REFERENCE one Name: _____

REFERENCE one Phone: _____

REFERENCE two Name: _____

REFERENCE two Phone: _____

Why do you want to volunteer at our shelter?

Great! Now tell us a bit more about yourself

Describe any special skills or hobbies:

Describe any allergies, physical disability, or other limitations that may restrict your volunteer experience or require special attention:

Describe any experience with animals:

If you currently own pets, are they spayed or neutered? Yes No (*explain why below*)

Please check any areas of interest below:

- Walking dogs Socializing cats General cleaning Fund raising
 Clerical Maintenance / construction Adoption counseling Education
 W.I.N. (wherever I'm needed)

Describe your ability to volunteer: (*days of the week, hours of the day*)

Thanks for submitting this application!

By signing below I attest that the information contained in this application is accurate and true to the best of my knowledge. I understand that by submitting this application it is not a guarantee of my being able to volunteer. Furthermore I understand that FAHS reserves the right to limit or terminate my volunteer experience at any time for any reason.

Your signature: _____ Date: _____