

**VOLUNTEER APPLICATION**

**PLEASE PRINT AND FILL OUT COMPLETELY**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Name of School and # of service hours needed: \_\_\_\_\_ (*if applicable*)

Emergency Contact: \_\_\_\_\_ Emergency Phone number: \_\_\_\_\_

**Please check all areas that you would like to help with at Pet Pal Animal Shelter:**

\_\_\_ Dogs                      \_\_\_ Cats                      \_\_\_ Small Animals                      \_\_\_ Cleaning

\_\_\_ Special Events/Marketing    \_\_\_ Fostering                      \_\_\_ Thrift Store                      \_\_\_ Clinic

**Please provide us with a little information about your talents, work and life experiences:**

Work Experiences: \_\_\_\_\_

Hobbies/Interests/ Animal Experience:  
\_\_\_\_\_

Days: Available: (***please circle***)    Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    Sun.

Shift Preferred: (***please circle***)    8:00am-11:00am    11:00am-2:00pm    2:00pm-5:00pm

I understand that as a volunteer, I will receive no pay and will not be covered under any insurance regarding any possible injury while volunteering at Pet Pal Animal Shelter, Clinic or Thrift Store. I authorize Pet Pal to seek emergency medical treatment in case or an accident, injury or illness and hold harmless the agency in the event of an accident, injury or illness.

Volunteer Name (please print) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Parent or Legal Guardian's Name (If volunteer is under the age of 18) \_\_\_\_\_

Parent of Legal Guardian's Signature \_\_\_\_\_

Date signed \_\_\_\_\_

***Please be advised that due to the size of our shelter, only a limited number of volunteers can be accommodated and each volunteer is required to participate in orientation and training prior to volunteering.***