



Save a Best Friend Volunteer Application

-Please Print Clearly-

For Office Use

Interviewed on:	___/___/___
Orientation on:	___/___/___
Dog Safety Class:	___/___/___
Cat Safety Class:	___/___/___

Date: ___/___/___

Name: _____ Are you at least 16 years old?: Y [] N []

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____

Do you have any formal training? Y [] N [] If yes where _____

Please List Current Employment Information Below:

Employer: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Position/Title: _____ Hours and Days Worked _____

Work Phone: (____) _____ - _____ Allowed calls at work? Y [] N [] Emergencies only: []

What days of the week can you volunteer at Save a Best Friend: _____

What hours of the day can you volunteer: _____ When can you start: _____

Did you receive a tetanus shot within the last 10 years? Yes [] No []

Please list below where and what volunteer work you have done:

<u>Organization :</u>	<u>Date Started:</u>	<u>Phone#:</u>	<u>What did you do there?</u>	<u>How long there?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Skills that you can contribute to Save a Best Friend: _____

Which Volunteer Activities Would You Be Interested In

(Select as many programs as you like)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Work in Dog Program | <input type="checkbox"/> Cleaning Kennels | <input type="checkbox"/> Humane Education | <input type="checkbox"/> Computer Programming |
| <input type="checkbox"/> Work in Cat Program | <input type="checkbox"/> Medical | <input type="checkbox"/> Post Adoption Follow-up | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Walk / Exercise Dogs | <input type="checkbox"/> Foster Parenting | <input type="checkbox"/> Visit Nursing Homes | <input type="checkbox"/> Creative Writing |
| <input type="checkbox"/> Show Animals to Public | <input type="checkbox"/> Grooming | <input type="checkbox"/> Volunteer At Little Shelter Bingo | <input type="checkbox"/> Artwork/(Posters/Displays etc.) |
| <input type="checkbox"/> Transport Dogs/Cats | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Graphics & Illustrations | <input type="checkbox"/> Off-Site Events |
| <input type="checkbox"/> Typing/Letter Writing | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Handy Man | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Painting | <input type="checkbox"/> Carpentry |

List any other volunteer work that you can contribute: _____

Do you have pets? Y [] N [] How many and what type: _____

Do you have any medical/physical limitations or disabilities (bad back, allergies, etc?) Y [] N [] if yes please explain: _____

References: (Name, Telephone, Relationship): _____

Emergency Contact: _____

Name/Relationship	Home Phone	Work Phone
-------------------	------------	------------

As a volunteer for Save a Best Friend I understand that working with animals can be a risk. I agree to assume all responsibilities if an accident or property damage were to result, and that I release Save a Best Friend, it's officers and/or it's agents from any liability or responsibility whatsoever. I understand that if I have not had a tetanus shot within the last five (5) years, I will be responsible for having this shot done by my physician. I agree to wear a Save a Best Friend shirt and badge when volunteering.

Volunteer's Signature _____

How did you hear about Save a Best Friend: _____

Why do you want to become a volunteer? _____
Please be specific(school, work, etc)