

Volunteer Application

Contact Information	
Name	
Street Address	
City, State ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability	
During which days and hours are you available for volunteer assignments?	
Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Interests	
Tell us in which areas you are interested in volunteering	
<input type="checkbox"/> Administration <input type="checkbox"/> Fundraisers <input type="checkbox"/> Awareness Events <input type="checkbox"/> Deliveries <input type="checkbox"/> Newsletter production <input type="checkbox"/> Volunteer coordination <input type="checkbox"/> Adoption events <input type="checkbox"/> Adoption home visits <input type="checkbox"/> Foster coordination <input type="checkbox"/> Foster home visits <input type="checkbox"/> Humane Education	Other (please list anything that you would be interested in doing that is not listed here):

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Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

How Did You Hear About Us? (optional)

We would love to know how you heard about Safe Haven for Animals and what made you interested in volunteering with us.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Individuals who volunteer with Safe Haven for Animals and its activities do so of their own free will and at their own risk. Volunteers acknowledge that they are assuming all risks associated with volunteer service, including risk of injury. In the event of personal injury, volunteers would be responsible for the full expense of any medical care or attention as well as other harm or expenses arising out of such injury.

Any volunteer under 16 years of age must have permission of and must be accompanied by a legal guardian.

Name (printed)	
Signature	
Date	
Guardian (if under 16 years)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.