PAWS VOLUNTEER APPLICATION

OFFICE USE ONLY								
T DATE								
M T V	W TH	F	SA SU					
				T DATE M T W TH F SA SU				

First Name:			Last Name:				
Home Address: A	City/State/Zip						
Home Phone: ()	Other()						
Email Address:	Date of Birth (mont	nth/day)		Are you 18 years of age or older? O Yes O No			
Emergency Contact	Relationship			Phone ()			
Employer Name:		Title:					
Address:		Phone ()				
Skills: ○ Clerical		phy	○ Public ○ Writin	O Computers (sing Data Entry Graphics		
○ Mailings○ Newsletter○ Work From Home○ Other	○ Photography Work	O Proposa O Publicity Where?	ls	○ Training	○ Research ○ Video Production		
Have you had prior animal experience? O Yes O No							
Training: ○ Behaviorist ○ Groomer ○ Train ○ Vet ○ Vet Tech	Responsibilities:						
Education: ○ High School ○ College ○ Postgraduate Currently a student at: Area of study?							
Languages in which you are fluent:							
Are you interested in school credit or work experience? OYes ONo If so, please complete the following: School name: Address:							
3 7	ontact person:	at marrass'	ot 110:	Number of hou	rs required:		
Please list any other information about y	our skiiis/ interest tr	iai may assi	si us:				

Do you enjoy worki Comments:	ng with the public? OYes	ONo						
Do you have a valid	Drivers License? OY	es ONo	Do you have acc	ess to a vehicle?	OYes ONo			
	ng to transport animals and	l/or event su						
Have you done any Location:	volunteer work in the past	? OYes OI	No					
Responsibilities:								
Have you been conv (Do not include traf- volunteering) If yes, please give do	fic violations or juvenile de		conviction will not	necessarily disqua	alify you from			
Please check the					1			
days/times you	How many hours	DAY/TIM	E Morning	Afternoon	Evening			
are available:	can you volunteer per week?	Monday						
	per week.	Tuesday Wednesday						
		Thursday	y					
		Friday						
		Saturday						
		Sunday						
			<u> </u>					
Are you able to perform the volunteer duties for the position you are interested in without any accommodation? OYes ONo If not, what type of accommodation would you need?								
Please check the locations you would like to volunteer at: Office Office Office Owork from home								
How did you hear a								
OAdopter OInte			Other (please spec	ify)				
Do you know a PAV	WS employee/volunteer?	OYes ON	0					
Name:	Re	lationship:						
Why do you wish to	volunteer with PAWS?							
What are your thoughts on spaying and neutering?								
PAWS is a limited admissions shelter. Because of our limited space, we only accept animals by appointment. We do not								
have any animal control contracts, so we only euthanize animals when needed for health or safety reasons.								
*PAWS recommends all volunteers be current on their Tetanus vaccination I understand that any false statements in this application with will be grounds for my termination as a volunteer								
Signed: Date:								
orgiicu.				Date				