

How can we reach you?

Name	Home Phone	Work Phone (if we may contact you there)
Street Address	Home Email	Work Email (if we may contact you there)
City,	Cell Phone	Employer
State, Zip Code	Date of Birth	Driver's License or Photo ID

Tell us about your decision to volunteer

When are you available to work?

TIME	MON	TUE	WED	THUR	FRI	SAT	SUN
8am/12pm							
4pm/6pm							
Other							

Are you volunteering as part of another commitment? Is yes, please describe:

What type of position interests you?

Check all that apply:

<input type="checkbox"/> Cleaning office, cat room, cages	<input type="checkbox"/> Facility maintenance/repair	<input type="checkbox"/> Assist with Volunteer Scheduling
<input type="checkbox"/> Laundry	<input type="checkbox"/> Lawn Care & Trimming	<input type="checkbox"/> Distribute flyers to Vet Clinics, pet stores, etc.
<input type="checkbox"/> Transporting pets to/from Vet	<input type="checkbox"/> Technical Support (office, website)	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Medicating animals	<input type="checkbox"/> Assist with Newsletter writing/production	<input type="checkbox"/> Foster Home for Cats
<input type="checkbox"/> Grooming, socializing	<input type="checkbox"/> Assist with Administrative duties	<input type="checkbox"/> Foster Home for Dogs
<input type="checkbox"/> Other	<input type="checkbox"/> Training new Volunteers	

If applying for Direct Pet Care or Facility Cleaning (column one above), do you have any physical limitations that would make it impossible for you to perform any portion of those duties?

Do you have additional skills/resources?

Check all that apply:

<input type="checkbox"/> Internet Access	<input type="checkbox"/> Financial or accounting experience	<input type="checkbox"/> Web design experience
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Marketing Experience	<input type="checkbox"/> Vet Tech experience
<input type="checkbox"/> A van or truck	<input type="checkbox"/> Document layout, publication experience	
<input type="checkbox"/> A secure, dry storage area	<input type="checkbox"/> Graphic Arts experience	
<input type="checkbox"/> Other		

Tell us about your pets or interests

I understand that there is a possibility of health or injury risk to humans and personal pets when caring for Safe Harbor rescued animals. I will not hold Safe Harbor Animal Sanctuary liable for any injury or illness that may result from my volunteer activities.

Initials / Date _____

I understand the goals and mission of Safe Harbor Animal Sanctuary. As a Sanctuary volunteer, I agree to work toward these goals and to represent this mission in my contact with the community on behalf of the organization.

Initials / Date _____

Optional: I authorize my photograph to be used in the Safe Harbor newsletter, website or other printed material.

Initials / Date _____

Signed _____ Age of applicant if under 18: _____ Date _____

If under 18, parent or guardian signature of approval is required:

Signed _____ Printed Name: _____ Date _____

Reserved for Office Use

Required:	Additional Notes
Approved Y N	
Date: _____	
Evaluator: _____	
Training Scheduled for: _____	
Training Completed on: _____	