



VOLUNTEER APPLICATION FORM

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies) _____

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once A Week More Than Once A Week
 One Time Only As Needed OTHER

Do You Have A Valid (State) Driver's License? Yes No

License Number: _____ Vehicle License Plate Number _____

Insurance Company: _____ Policy #: _____

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? Yes No

If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? Yes No

If Yes, Describe:

Areas of interest

- Press
- Events
- Driving to and from vets
- Office / Paperwork
- Fundraising
- Other _____

Signature Of Applicant

Date