



VOLUNTEERS FOR ANIMAL PROTECTION ("VAP") VOLUNTEER APPLICATION

Date: _____

Are you over 18? _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Employer: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Physicians Name _____ Physicians Phone: _____

Allergies: _____

Are you currently taking medication that we need to be aware of in case of emergency? (i.e. blood thinners, epi pen, inhaler, insulin, nitroglycerin etc) _____

Do you have a valid driver's license?: _____ Yes _____ No State issued: _____

Have you been convicted of a crime? _____ Yes _____ No If yes please explain: _____

Have you done other volunteer work? _____ Yes _____ No Where/When? _____

_____ Responsibilities: _____

What are your skills and strengths? (i.e, carpentry, sewing, crafty, landscaping, maintenance) _____

Days of the week you are available? _____

Are you available in morning or afternoon shifts? _____ Morning _____ Afternoon

Are you available on Saturdays anytime between 11:00 a.m. – 5:30 p.m. for adoption days? ___ Yes ___ No

If yes, what time? _____

Please check which area you are interested in volunteering:

_____ Dogs (cleaning kennels, walking dogs, socializing dogs) (must be 15yrs of age or older)

_____ Cats (cleaning cattery, socializing cats) (must be 15 years of age or older)

_____ Events/fundraising

_____ Fostering _____ dog _____ cat

_____ Maintenance

_____ Adoption days _____ dogs _____ cats ((12yrs of age or younger must be accompanied by a parent)

How did you hear about VAP? _____

I certify that the above information is true and accurate

Signature: _____ Date: _____

Parental signature required if under the age of 18:

Parental
Signature: _____ Date: _____

VAP Representative: _____ Date: _____