



**VOLUNTEER APPLICATION**

**Part 1: Personal Information:**

Name:		Phone:	
Email:			
Address:			
City		Postal Code:	

Age Range: please circle	16-20	21-30	31-40	41-50	51 & older
Allergies:			Phobias:		
Medical Conditions:					

**Part 2: PAWS / EVAH Information:**

How did you hear about us:	
Why do you want to Volunteer here:	
What is it about our Vision & Mission statement that appeals to you?	

**Part 3: Volunteer History**

Please tell us about your past volunteer history:

Organization			
What did you do?			
Supervisor Name:		Their contact phone:	

Organization			
What did you do?			
Supervisor Name:		Their contact phone:	

Organization			
What did you do?			
Supervisor Name:		Their contact phone:	

**OCTOBER 2013**  
**Part 4: Your Skills**

Please indicate any special skills or training

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Administration  | <input type="checkbox"/> Animal Training       | <input type="checkbox"/> Cash Handling            |
| <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Animal Handling | <input type="checkbox"/> Public Speaking       | <input type="checkbox"/> Multi-lingual            |
| <input type="checkbox"/> Grooming        | <input type="checkbox"/> Photography     | <input type="checkbox"/> Writing               | <input type="checkbox"/> Exotic Animal Experience |
| <input type="checkbox"/> First Aid       | <input type="checkbox"/> Accounting      | <input type="checkbox"/> Veterinary Experience | <input type="checkbox"/> Nursing Experience       |

Please list any other skills you feel would benefit PAWS/EVAH:

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Do you have a vehicle:  Yes  No

When are you available:  Mornings  Afternoon  Evening  
 Week days  Weekends

- Have you ever been bitten or attacked by a dog or cat?  Yes  No
- Did the bite require medical attention?  Yes  No
- Are you comfortable approaching a dog or cat you don't know?  Yes  No
- Do you understand that dogs/cats may be unpredictable and PAWS/EVAH cannot guarantee that a dog/cat may not become aggressive?  Yes  No
- Are you willing to assume the risks involved with working with animal who are sometimes frightened and who are in unfamiliar surroundings and the possibility that the dog/cat may become aggressive and/or bite/scratch you?  Yes  No

What volunteer positions would interest you at PAWS / EVAH?

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**Part 4: PERSONAL REFERENCES** (No more than 1 family member)

Reference 1

Name:		Relationship:	
Phone:		Email:	

Reference 2

Name:		Relationship:	
Phone:		Email:	

Reference 3

Name:		Relationship:	
Phone:		Email:	

Have you attached a Police background check:  Yes  No