

VOLUNTEER APPLICATION

FSAS

Friends of the Animal Shelter

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the FSAS Volunteer Program.

Personal Information (Please Print)

Name _____ Birth Date _____ Date _____

Address _____ City _____ State _____

Phone Number _____ Email _____

Emergency Contact _____ Phone _____

Are you volunteering for School or Community Credit _____ Yes _____ No

In which areas are you interested in volunteering:

____ Walking or Socializing Dogs

____ Cat Care and Upkeep

____ Fundraising and Special Events

____ PetCo Cat Condo Maintenance

____ Helping at Adoption Sites

____ Adoption Bags/Fill Dog Kongs/Office

____ Animal Transport

____ Washing/Folding Laundry

Please tell us why you would like to volunteer?

Volunteers are required to volunteer 4 hours per month.