

Howling Timbers Animal Sanctuary

Volunteer Application

Application Date	Name	E-mail Address (Please print clearly)		
Street Address		City		State
Zip				
Home Telephone	Cell Phone	Work Telephone	I prefer to be contacted at: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> by cell phone <input type="checkbox"/> either	
Birth Date				
Emergency Contact		How many days a week would you like to volunteer? _____ Days you are available (Please circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday		
Name		Time of day you're available: From: _____ To: _____		
Street Address		Are there factors which could affect your availability?		
City, State, Zip		Have you ever been convicted of a felony pertaining to animals? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain.		
Relationship				
Year of Last Tetanus Shot:		Please note: It is strongly recommended that volunteers check with their doctors about receiving a current tetanus inoculation.		
Current Employment <input type="checkbox"/> Retired? <input type="checkbox"/> Student?				
Company Name		Does your employer offer a time-off program for volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title	Years of Service	Does your employer offer a donation matching program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteer Experience				
Organization		Organization		
Position Held	Years of Service	Position Held	Years of Service	
Release of Liability - I hereby certify that all information contained in my application is true to the best of my knowledge.		Signature: _____		