



VOLUNTEER APPLICATION

Name _____ Date ____ / ____ / ____

Address, City, State, Zip _____

Home Phone _____ e-mail _____

Work and/or cell phone _____

Date of Birth (must be at least 16 years of age) _____

Personal reference or Job Coach (please circle):

Name _____

Phone _____

Emergency Contact: Name _____

Phone _____

How did you hear about volunteer opportunities with Animal Allies? _____

What other types of volunteer activities have you done? _____

Are you volunteering to fulfill a community service requirement? If so, is it court ordered?

How many hours do you need? _____

Have you ever surrendered an animal to a shelter? If so why? _____

Discuss briefly your experiences with animals that may have influenced your decision to volunteer with Animal Allies:

Please list your pets and note if they are spayed/neutered:

What days/hours are you available? _____

Do you have special skills you would like to offer Animal Allies? _____

Volunteer work at the Duluth Animal Shelter may involve contact with the general public.
How do you feel about talking with the public? _____

Please check any of the following that may be of interest to you as a volunteer:

___ **Foster Care**

___ **Animal Care Volunteer** (please check the boxes of the services you are willing to provide)

- AM Cat Cage Cleaner (8 to 11 am*)
- PM Cat Socializer/Groomer (noon to 4pm*)
- Walk/Socialize Dogs (8am to 4pm*)
- Dog Obedience Training (8am to 4pm*)

*These are the hours that these activities take place. You are not expected to attend during entire time period.

___ **Office Help** (answer phones, data entry, misc. office help)

___ **Fundraising events** (at various times throughout the year)

___ **Committee work (circle)** (fundraising, marketing, programs and services, finance)

___ **Animal Transport** -- to/from veterinary appointments or to other rescues

**Please read and sign the statement below and return your application to:
Animal Allies Humane Society, 407 West Michigan St., Duluth, MN 55802
Phone: (218) 722-0612. If your application is approved, you will be contacted regarding our next volunteer orientation. THANK YOU!**

I verify that the information I have provided in this application is complete and truthful.

Your Signature _____ **Date** _____

FOR OFFICE USE ONLY:

_____ **Date app. Rec'd** _____