



P.O. Box 354 • Veradale, WA 99037 • (509) 893-9829
www.partnersforpets.org

VOLUNTEER INFORMATION FORM

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE: _____ DATE OF BIRTH _____

EMAIL: _____

I am available or prefer to volunteer during the following times:

TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> 2 – 5 pm	<input type="checkbox"/> 2 – 5 pm	<input type="checkbox"/> 2 – 5 pm	<input type="checkbox"/> 2 - 5 pm	<input type="checkbox"/> 10 – 2 pm	<input type="checkbox"/> 12 – 4 pm
<input type="checkbox"/> 5 – 7 pm	<input type="checkbox"/> 5 – 7 pm	<input type="checkbox"/> 5 – 7 pm	<input type="checkbox"/> 5 – 7 pm	<input type="checkbox"/> 2 – 6 pm	

Please answer the following questions:

Do you feel that you can commit to a regular routine? Yes No
Do you have any experience working with animals? Yes No
Do you have any special skills that would be helpful to our organization? Yes No
Do you have any physical limitations that would effect your volunteering? Yes No

I would prefer to volunteer in the following areas:

Administrative Educational Membership Publicity
 Feeding Animals Cleaning Cages Transporting Animals/Supplies
 Fundraising Fostering Animals Special Events Specialized Animal Care

I understand that by volunteering for Partners For Pets, I am helping to care for the animals that the shelter has and in doing so I understand that I am responsible for my actions and that I will not hold Partners For Pets responsible for any accidents or incidents with any animals that may occur while I am a volunteer. I further understand that I am required to read and comply with any policy/procedures in effect and that my signature constitutes an agreement with such policies.

Signature: _____

Date: _____

Interviewed by: _____

Date: _____

Completion of this form does not guarantee a position with our organization.