|  |  |  |
| --- | --- | --- |
| **Name** |  | |
| **Address** |  | |
| **Age** |  | |
| **Phone Number** |  | |
| **Email address** |  | |
| **Employer/School** |  | |
| **Do you have allergies or physical restrictions** |  | |
| **How did you hear about our volunteer program?** |  | |
| **Why do you want to volunteer?** |  | |
| **Do you work with any rescue organizations or volunteer at any shelter?** |  | |
| **If yes, please give name and phone number of organization** |  | |
| **If listed “other”, please explain** |  | |
| **Other Experience, Special Skills, Strengths, Talents: (check all that apply)** | * Computers * Management * Crafts * Working w/children * Graphic Arts * Carpentry | * Painting * Photography * Writing * Secretarial * Fund-raising * Public Speaking |
| **Volunteer Work Preferences: (check all that apply)** | * Shelter cleaning & maintenance * Dog Walking * Cleaning cat room & interacting with cats * Clerical/Office * Foster care (will need to fill out foster application) * Computer/Website * Special Events * Educational Programs/Community Outreach | |

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| --- | --- | --- | --- |
| **When are you available to volunteer? (Indicate by hours of day)** | Monday |  | |
| Tuesday |  | |
| Wednesday |  | |
| Thursday |  | |
| Friday |  | |
| Saturday |  | |
| Sunday |  | |
| **Please provide us with 2 references** | | | |
| **Reference #1 (Name, phone # and relationship to self)** |  | | |
| **Reference #2 (Name, phone # and relationship to self)** |  | | |
| I agree to hold Friends of the Wallingford Animal Shelter (FofWAS) and to release FofWAS from any liability related to my volunteering at the Shirley Gianotti Animal Shelter. I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind. I agree to comply with all of the policies, rules and regulations which may be established by FofWAS and the Shirley Gianotti Animal Shelter and understand that failure to comply may result in my immediate termination as a volunteer. | | | |
| By signing or typing your name below, you are agreeing to the above liability waiver | | | |
|  | | | Date |

Please send your completed application to [wallingfordsheltervolunteers@gmail.com](mailto:wallingfordsheltervolunteers@gmail.com)