



## Volunteer Interest Form

*Our mission is to relentlessly advocate for the well-being of animals within the care of the North Providence Animal Shelter, support their caretakers and promote innovative programs and services within our community. There's strength in numbers so we are looking for others to get involved with our efforts to fundraise, voice support for the new shelter and the addition of much needed programs and services.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: (City/Town, State, and Zip): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Tell us a little about yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have volunteer experience?    Yes    No

If yes, please provide the most recent experience below:

Organization Name: \_\_\_\_\_ Location (City/Town, State): \_\_\_\_\_

Position Held and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Service: \_\_\_\_\_

Which program(s) are you interested in helping NPAWS with? (Circle at least one):

PET FOOD DISTRIBUTION    APPOINTMENT SCHEDULING    SOCIAL MEDIA POSTING    FUNDRAISING/EVENTS

COMMUNITY ENGAGEMENT    ADMINISTRATIVE WORK    RELATIONSHIP DEVELOPMENT    GRANTWRITING

Please explain your experience in the areas selected? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the minimum amount of hours you can dedicate to volunteering per week? \_\_\_\_\_

*Thank you for your interest in volunteering with NPAWS. There are many nonprofit organizations deserving of your time and NPAWS is grateful you have considered us. While many opportunities arise, completing this form does not guarantee that one will be made available to you. As needs arise NPAWS will contact you. Please be aware that NPAWS may not be able to certify volunteer credit in all circumstances so if you require certification please request it prior to beginning volunteer activities.*