

Animal Alliance of Cape May County ~ Low Cost Spay/Neuter Clinic

VOLUNTEER FORM

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone (H) _____ Phone (W) _____

Cell: _____

Birth Date: _____ You must be over 18 years Old.

Employer/Job Title: _____

Allergies or restrictions: _____

How did you hear about the clinic? _____

Animal Experience: Veterinary Hospital Animal Shelter Dog Grooming
 Cat Grooming Boarding Kennel Animal Training
 Farm Animals Pet Sitting/Boarding TNR experience
 Other _____

Volunteer Preference: Veterinary/Vet Tech Clerical Computer/Website
 Check in Recovery Cleaning
 Phone Laundry
 Other _____

Have you ever worked/volunteered at another low cost spay/neuter clinic? Yes No

If so, where? _____

Who was your direct supervisor? _____

In case of emergency, Contact: _____ Phone: _____

I confirm that the information provided on this application is correct. I understand the commitment involved and acknowledge that my services are performed at my own risk. I agree to adhere to the policies and carry out my duties as a Animal Alliance of Cape May County Animal Shelter Volunteer effectively

Signature: _____ Date: _____

It is recommended all volunteers be current in their Rabies and Tetanus Vaccinations.