

BELLA VISTA ANIMAL SHELTER, INC VOLUNTEER APPLICATION

A 501 (C) 3 Non-Profit Corporation
Phone: (479) 855 – 6020 Fax: 479-855-3781
Website: www.bellavista-animalshelter.org

Physical Address: 32 Bella Vista Way
Bella Vista, AR 72714

Mailing Address: P.O. Box 5248
Bella Vista, AR 72714

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Phone: Home: _____ **Work:** _____ **Cell:** _____

Email Address: _____ **Are you 18 or Older? Y**____ **N** ____

Please check all of the following volunteer jobs in which you are interested:

Office Assistant _____	Foster Care _____
Dog Walking _____	Handyman/General Labor _____
Cat Socialization _____	Animal Transportation _____
Kennel Assistant _____	Fundraising Ideas/Events _____
Pick up Donations _____	Adoption Day Events _____

Is there anything else that you can offer the Shelter (i.e., skills, occupation experience, contacts)?

Do you have any restrictions that could affect your volunteer work (i.e. family, job, allergies)?

Please indicate times or days that you are generally available: _____

By signing this application, I do hereby acknowledge that my volunteerism is to be for the benefit of The Bella Vista Animal Shelter, Inc. (BVAS). I also acknowledge the right of the BVAS to terminate my volunteer services at any time. Furthermore, I will hold the BVAS, it's Board of Directors and it's employees blameless of any and all liability in the event of injury or other mishap involving myself or my personal property during the discharge of my services as a volunteer for the BVAS.

Signed: _____ **Date:** _____

If Under 18 years of Age, Parent or Guardian Must Agree to Accompany Volunteer at All Times during service to the Bella Vista Animal Shelter, Inc.

Signed: _____ **Date:** _____
Parent or Guardian