

Volunteer Application

Thank you for taking the time to complete our volunteer application. Your information will remain confidential and be used only as part of the Angels to the Animals (AttA) Volunteer Program.

PERSONAL INFORMATION (Please Print): Name: ______ Age: _____ Date: ______ Address: ______ City: _____ Contact Number: _____ Email: ______ Emergency Contact: _____ Phone: ______ Relationship _____ Are you at least 18 years of age: ______ Yes _____ No How did you hear about us? Why are you interested in volunteering for AttA? What experience do you have with animals? _______ Do you consider yourself a cat person? Dog person? Or both? _______

Do you have a preference in working with dogs or cats?

May we share your information with other members:	Yes	No
May we use photos or videos of you in marketing for AttA?	Yes	No
Facebook Profile Name:		
In which areas are you interested in volunteering? Please check	all that apply	
Animal Transport Adoption Events Fu	undraising _	Recruiting
Dog Walking or Training On-site Feeding & C	leanup	Food Drives
Organize/Monitor Inventory Donation Pick Up	C	Chewy/Amazon Wish Lists
Photographer (at events, etc) Writing Grants	Assist (Webs	with Social Media ite, Facebook, Instagram)
Delivering Supplies (food, dog houses, straw) H		s (Full time or part time/fill ing foster, etc)
Cat TNR Program (Trapping) Cat TNR Program Designing programs to help owners of neglected dogs, the themselves (i.e., importance of spay/neuter and chain-free living	ne community	(Foster)
Please tell us about any other ways you would like to help:		
How many hours or days per month are you available to help: (Please be as specific as possible, i.e, days of week/times or flex	ible	
Signature:	Date:	

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