



## Volunteer Application

**Thank you for taking the time to complete our volunteer application. Your information will remain confidential and used only as part of the Angels to the Animals 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

Why are you interested in volunteering for Angels to the Animals (AttA)?

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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

In which areas are you interested in volunteering? Please check all that apply

\_\_\_\_\_ Fostering (Full-time or part time) \_\_\_\_\_ Triage (short notice help varies)

\_\_\_\_\_ Animal Transport \_\_\_\_\_ Adoption Events \_\_\_\_\_ Onsite feeding/cleanup (dogs)

\_\_\_\_\_ Food Drives \_\_\_\_\_ Donation Pick Up and Drop off

Do you have any physical (or other) limitations that we should be aware of? If so, please share:

\_\_\_\_\_  
\_\_\_\_\_

Are there certain times of the day, or days of the week that work best for you?

\_\_\_\_\_  
\_\_\_\_\_

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)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

[www.angelstotheanimals.org](http://www.angelstotheanimals.org) | [info@angelstotheanimals.org](mailto:info@angelstotheanimals.org)

Angels to the Animals, Inc. is a 501(c)(3) non-profit organization

