



Office Use Only: Computer : / /
Tour: / / Start: / /
Liab: / / Med: / / Conf: / /
Jr Buddy: _____ I-Date: / /

VOLUNTEER INFORMATION FORM

Contact Information:

Full Name: _____ Date of Birth: ___ / ___ / ___

Primary Phone (Cell/Home): _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

Employer: _____ Do they have Volunteer Match Fund: Y / N

How you heard about us: _____ *Source if internet: _____

Do you have previous Therapeutic Program experience? Y/N Position: _____

Volunteer Interests and Availability:

Please indicate the your interests, current level of experience, and potential availability. If you are interested in more than one category please number your highest to lowest interest (1= highest).

None and would like to learn

Some basic knowledge and would benefit from buddy system /task semi-supervision

Experienced posses ability to understand tasked assigned with semi-supervision and work semi-independently

Professional worked in the field 2+year as staff member, lead volunteer, or showed animal

Categories	Choice Order	Skill Level				Particular Activities of Interest
		None	Some	Exp	Prof	
Example	#					owned & cared for rabbit 6 yrs
Animal Care						
Education Program						
Large Group						
Events						
Office						
Therapeutic Riding						
Ranch Hand						
Fundraising						

Please indicate the best description of your current availability:

Weekly Bi-Weekly Monthly As Needed/Seasonal Occasional Saturdays

How many hours you would like to volunteer based on above time category? _____

If required due date for these hours Start Date: / / End Date: / /

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9:00 -12:00	Morning							
12:00 - 2:00	Mid-day							
2:00 - 5:00	Afternoon							
5:00 - 8:30	Evening							

Comments (professional skills or licenses, special needs, etc.):
