



Volunteer Application

PERSONAL DATA:

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Municipality: _____

Home Telephone: (____) _____ Work Telephone (____) _____

Cellular Telephone: (____) _____ Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Cellular Telephone: (____) _____

How did you hear about AWSOM?

Do you have any allergies or conditions that might affect your volunteer work?

If yes, please explain:

Have you had any formal training in pet care or animal welfare?

Please check which areas you would be willing to volunteer:

____ Exercising/Socializing Animals

____ Transportation to and from vet

____ Grooming/Bathing Animals

____ Administrative Work

____ Fundraising Events

____ Foster Care

____ Kennel Care

____ Adoption Events

____ Humane Education

____ Other (please explain):

AVAILABILITY:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

WHICH DO YOU PREFER TO WORK WITH: DOGS OR CATS?

I, (print name) _____ certify that all information provided in this application is true and correct. I understand that any statements, representations or failure to disclose pertinent information will be considered sufficient cause for disqualification from consideration for volunteer service or immediate discharge.

I acknowledge my position at AWSOM is entirely voluntary and without compensation. I understand AWSOM reserves the right to run a state background check on my name, with additional background checks as deemed appropriate by AWSOM. I also understand that nothing contained in this volunteer application or in the interview is to create an expressed or implied volunteer contract between AWSOM and myself. No promises regarding volunteer work or any duration of service have been made to me and I understand that no such promise is binding unless issued by AWSOM in writing. I further understand and agree that if I am offered and accept a volunteer position at AWSOM, my volunteering can be terminated with or without cause, or with or without notice, at any time, at the discretion of AWSOM. I acknowledge and agree that my volunteer position is also contingent upon my signing the ASWSOM Volunteer Form and Waiver of Liability.

Signature: _____

Date: _____

Please send to:

Animal Welfare Society of Monroe
PO Box 13, Stroudsburg, PA 18360
or email to volunteers@AwsomAnimals.org