



# Pet Project Inc. Volunteer Form

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

## Personal Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Areas of Interest:

I prefer to work with: (Please circle all that apply)

Dogs      Cats      Fundraising      Other \_\_\_\_\_

Types of service interested in: (Please check all that apply)

\_\_\_\_\_ Regular scheduled cleaning and/or animal care      \_\_\_\_\_ Volunteer at events

\_\_\_\_\_ Periodic special projects at the shelter

Other: \_\_\_\_\_

## Reason for Volunteering:

\_\_\_\_\_ Service hours required for school / church etc...

Hours needed \_\_\_\_\_ Name of Organization: \_\_\_\_\_

\_\_\_\_\_ Personal Choice      \_\_\_\_\_ Court ordered \_\_\_\_\_ Service Hours  
(Amount)

## Available Days and Times:

Sun: \_\_\_\_\_ Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_

Thu: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

I understand that by volunteering for Pet Project Inc. that I am helping to care for the resident animals that Pet Project Inc. has in its care. By doing so I understand that I am responsible for my actions and that I will not hold Pet Project Inc. responsible for any accidents or incidents with the animals that may occur while I am a volunteer.

I understand that if my behavior is detrimental to Pet Project Inc. mission statement, its volunteers and/or residents that my volunteer services will no longer be needed and therefore revoked.

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

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If volunteer under 18 years of age)

Interviewed by: (Pet Project Inc. Staff Member Signature & Date)

PPIVOL040808