

# Volunteer Application

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

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

\_\_\_\_\_

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

Days and Times Available:    M                    T                    W                    R                    F

(please circle)

\_\_\_\_\_

Volunteer commitment –    One Time        Weekly        Monthly        On Call

(please circle)

Weight Restrictions:    Yes    No    Details \_\_\_\_\_

(please circle)

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OFFICE USE ONLY

Date Started \_\_\_\_\_ Training \_\_\_\_\_

Comments \_\_\_\_\_