

Volunteer Application

Date filled out: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Days and Times Available: M T W Th F

(Please circle & indicate time) _____

Court Ordered Community Service? Y or N Hours Required to complete _____

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 _____