Toledo Animal Shelter Association

640 Wyman Street
Toledo, OH 43609
(419) 382-1130
(419) 382-7248 – FAX
www.toledoanimalshelter.com

Volunteer Application

Last Name: _____First Name:_____ Middle Int._____

Street Address: _____ Apt. #:_____

City:_____State:_____Zip:_____

Home Phone: _____ Business Phone:_____

*Cell Phone: _____Pager Number:_____

*E-Mail address: _____Fax Number:_____

I prefer to receive calls at: _____Cell_____Home _____Business_____ Either

_____ Days _____ Evenings _____ Weekends _____ No Preference

Employment Information *

I am: _____Employed _____Not Employed _____ Retired _____Student

Employer's Name: (Or School)_____

Occupation:_____

Street Address:_____

City:_____State:_____Zip:_____

_____ My employer offers a matching gifts program.

_____ My employer offers a time-off program for volunteers.

3. Do you have any previous volunteer experience? _____ Yes _____ No

   If yes, when, where and what type of work?_____

   _____

   _____

4. List special skills, interests or hobbies:_____

   _____

   _____

5. Do you speak a foreign language?

   _____ Yes _____ No If yes, what language?_____

*** OPTIONAL**

Preference in Volunteering

Is there a particular type of volunteer work in which you are interested?
(Please check all that apply.)

_____Special Events _____ Newsletter _____ Public Relations/Marketing

_____Fund-raising _____ Maintenance _____Animal Care Education

_____School Programs Other_____

Shelter Volunteers:

_____ Cleaning Kennels _____ Laundry _____ Dishes/Food Prep Room

_____ Bathing/Grooming _____ Phones _____Greeting Customers

_____ Office/Filing _____ Daily Cleaning/Sweeping/Moping/etc.

_____Other_____

Availability:

1. At what times are you interested in volunteering?

   _____ Am Flexible _____ Prefer Weekdays _____Prefer Weekends

   _____ Prefer Evenings _____ Prefer Days _____Other_____

2. Do you have access to an automobile you can use for volunteer work? ____Yes ____No
3. Do you have access to a truck or trailer that you can use for hauling? ____Yes ____No
4. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? ____Yes ____No

   If yes, please explain:_____

   _____

Additional Information:

1. Have you ever served as a volunteer with us before? _____ Yes _____No

   If yes, what year and what type of job?_____

2. Is anyone else at your address already a volunteer? _____ Yes _____No
3. How did you find out about our volunteer program?_____

   _____

4. Please list two (2) non-family references whom we might contact:

_____Phone: ( ) _____

_____Phone: ( ) _____

Emergency Contact:

In the event of an emergency, please notify:

Name:_____Relationship:_____

Home Phone:_____Business Phone:_____

Cell Phone:_____

I certify that the statements made in this volunteer information sheet are true and correct, and have been given voluntarily.

I understand that I will not be paid for my services as a volunteer.

_____

Applicant's Signature Date:

_____

Shelter Staff Date: