

Previous Volunteer Experience

Summarize your previous relevant volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	Work Phone
Relationship to you	
E-Mail Address	
Do you have any physical disabilities or health concerns that would prevent you from performing certain kinds of work or in a certain work environment?	

Questions:

Are you working? YES or NO If Yes, Employer: _____

Address: _____

Does your employer participate in a volunteer matching program? YES or NO

Why do you want to volunteer with OFOSA? _____

What are your feelings about euthanizing animals? _____

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Contract Notes:

We will call you within a week of submitting this form. Please respond to us if you are no longer interested. We will call you twice but if unable to reach you, please contact us when you have the time to give.

Thank you for completing this application form and for your interest in volunteering with OFOSA.
Please email completed form to: info@ofosa.org