

Volunteer Application

For Oregon Friends of Shelter Animals



Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	Work Phone
Birthdate	Do you have a fenced Yard
E-Mail Address	
Do you Own or Rent	OWN or RENT If Rent, do you have permission to have animals?

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Adoption events Animal Intake Help-Dogs-Sunday morning
 Special Events Help Animal Intake Help-Cats-Monday morning
 Making phone calls at home Transport Help
 Fundraising Transport Driver
 Marketing & Public Relations Cat Cuddler – Petsmart Hillsboro & Cedar Hills
 Animal medical recovery aide Cleaning person – Sunday Afternoons
 Newsletter production Surgical unit cleaner

Special Skills or Qualifications

Summarize special skills and relevant qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Do you own Cats?	YES or NO	Do you own Dogs?	YES or NO
Are they current on vaccines:	YES or NO	Spayed or Neutered?	YES or NO
Have you ever been convicted of a felony? ____ Have you ever been convicted of a misdemeanor? ____			
If yes, please give dates and details:			
<i>Please note, at this time we are not accepting Community Service Volunteers</i>			

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.