



VOLUNTEER APPLICATION

Name: _____ Email Address: _____

Address: _____ City, State, Zip: _____

Home Phone: () _____ Work: () _____ Cell #: () _____

Volunteer Information:

What experience do you have with animals?

What other animal organizations you have worked with?

What special talents, skills & experiences can you contribute to ARL?

Is there any area you may not be experienced in and would like to learn?

How did you hear about us?

Do you need hours for community service for school? YES NO

If yes, how many hours are required and how long do you have to complete your service hours?

Volunteer Time Commitment:

Week Days _____ Saturdays Sundays Full-Time Part-Time
Circle (M, T, W, Th, F)

Morning (hours) _____ Afternoons (hours) _____ Evenings (hours) _____

Areas Most Interested In Participating:

Animal Health Care Animal Socializer Volunteer Coordinator Adoption Counselor

Foster Care Shelter Custodian Fundraising Shelter Maintenance Senior Volunteer

Social Media & Marketing Coordinator Specialty Volunteer _____

Volunteer Signature: _____ Date: _____

Parental Signature: _____ Date _____

(if under 18 years of age)