

FRIENDS OF DeKALB ANIMAL SERVICES
DeKalb Animal Services and Enforcement

VOLUNTEER APPLICATION

NAME: _____ **DATE:** _____

Application Taken By: (employee/volunteer) _____

Complete Home Address: _____

Phones: Home _____ **Cell** _____

Work _____

E-Mail Address: _____

Age: _____ **Job/Career:** _____

Education Completed: _____

Are you most interested in working with: DOGS CATS BOTH

In what area or capacity would you like to volunteer? _____

How did you learn of the opportunity to volunteer here? _____

Have you been to our shelter before? If so, why? (lost a pet, adopt a pet, turn in an animal, etc.) _____

Why do you want to volunteer? (circle as many as apply)

Required Community Service hours

Hope to get a paid position here

Save animals from euthanasia

Civic duty, give back to community

Want to spend time with animals

A friend volunteers here

Want to help animals

Fun

Love animals

Other/Comments: _____

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Tell us about your current pets – type, age, whether indoor or outdoor. Are they spayed/neutered? _____

Previous animal experience (including pets and jobs) _____

Previous volunteer experience (include names of organizations and their locations) _____

Relevant skills (web design, email lists, photography, counseling, office skills, Interacting with the public, grooming, art, medical, or other) _____

Incomplete applications will not be considered.

Thank You for helping the animals!