



Volunteers for Animal Welfare, Inc. Volunteer Application

Today's Date _____

Last Name _____ First Name _____ Nickname _____

Address _____ City/State/Zip _____

Day Phone _____ Evening Phone _____ Date of Birth _____

Alternate Phone _____ E-mail _____

EMERGENCY Contact & Relationship _____ **Phone** _____

Education:

(Circle last year completed)

High School 1 2 3 4 College 1 2 3 4 4+

How did you hear about the volunteer program at Volunteers for Animal Welfare, Inc. (VAW)? _____

Do you have experience working with animals? no yes – please describe _____

Describe any present or previous volunteer work you have done: _____

Do you have pets? no yes Are they spayed or neutered? yes no If no, why? _____

Are you presently employed? no yes -- May we call you at work? yes no Phone Number _____

Employer: _____ Describe the work you do: _____

List any special skills, training or hobbies: _____

Please check the volunteer opportunities you are interested in:

Fundraisers

Fur Ball/Silent Auction I'm interested in helping with any new fund raising event Vaccination Day at the SPOT Clinic

SPOT (Stop Pet Overpopulation Today) Spay/Neuter Clinic

Scheduling Pets for Surgery Appointment Reminder Calls Checking In and Out Pets Day of Surgery Taking Out Dogs for Potty Breaks Moving Animals To and From Surgery Prepping Animals for Surgery Observing Recovering Animals Cleanup Engrave ID Tags Sterilizing Surgical Instruments

Humane Education Presentations

Vaccination and Education Day at the SPOT Clinic Presentations to Schools/Groups Proper Animal Handling Demonstrations Public Speaking Design/Set up Humane Education Displays Developing Programs Finding places and then scheduling a program. Being the Education Committee Chairman

Informational/Education Booths

Setting Up or Helping Staff Information Table Conducting Children's Activities Operating ID Tag Engraving Machine Meeting/Greeting the Public at Booths/Events

Scheduling Volunteers

Phoning Volunteers

List any other areas of interest not listed above: _____

Please indicate the time(s) you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday
 Daytime Hours Evening Hours Both

 Saturday Sunday
 Daytime Hours Evening Hours Both

Are there any duties you would prefer *not* doing? _____

Any allergies, physical disabilities, or other limitations that may require accomodation or may restrict volunteer experience? _____

Additional comments _____

Please return this application and volunteer agreement to:
Volunteers for Animal Welfare, Inc.
Attn: Volunteer Coordinator
P.O. Box 20061
Oklahoma City, OK 73156
www.vawokc.org

"From what we get, we can make a living;
what we give, however, makes a life."
-- Arthur Ashe