



# VOLUNTEER APPLICATION

## APPLICATION-DISCLAIMER

**SOUTHWEST METRO ANIMAL RESCUE AND ADOPTION SOCIETY**

**P.O. Box 493, Chaska, Minnesota 55318**

**952-368-PAWS (7297)**

**Please take time to accurately complete the application. Thank you.**

Each question on this application must be completed in as much detail as possible. Incomplete applications will not be considered. This application is to be used for volunteer positions *other* than foster care.

## GENERAL INFORMATION

Date \_\_\_\_\_ Name \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # ( ) \_\_\_\_\_ Evening Phone # ( ) \_\_\_\_\_

Driver's License # \_\_\_\_\_

Are you under 21 years of age? Yes \_\_\_ No \_\_\_ If Yes, what is your age? \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_ Who to call in case of an emergency: \_\_\_\_\_

## VOLUNTEER EXPERIENCE

What has been your previous volunteer experience:

\_\_\_ I have not volunteered in the past. \_\_\_ I have volunteered a time or two. \_\_\_ I have a lot of volunteer experience

If you are currently volunteering or have volunteered in the past, which organization(s) have you volunteered for? \_\_\_\_\_

List all of the pets you have owned within the past 7 years:

PET #1 Dog \_\_\_ Cat \_\_\_ Spayed/Neutered? Yes \_\_\_ No \_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

Housed: Indoors \_\_\_ Outdoors \_\_\_ Both \_\_\_ If both, explain \_\_\_\_\_

Do you still have this pet? Yes \_\_\_ No \_\_\_ If no, explain in detail what happened to the pet \_\_\_\_\_

PET #2 Dog \_\_\_ Cat \_\_\_ Spayed/Neutered? Yes \_\_\_ No \_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

Housed: Indoors \_\_\_ Outdoors \_\_\_ Both \_\_\_ If both, explain \_\_\_\_\_

Do you still have this pet? Yes \_\_\_ No \_\_\_ If no, explain in detail what happened to the pet \_\_\_\_\_

PET #3 Dog \_\_\_ Cat \_\_\_ Spayed/Neutered? Yes \_\_\_ No \_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

Housed: Indoors \_\_\_ Outdoors \_\_\_ Both \_\_\_ If both, explain \_\_\_\_\_

Do you still have this pet? Yes \_\_\_ No \_\_\_ If no, explain in detail what happened to the pet \_\_\_\_\_

**(If extra space is needed to list additional pets, use a separate sheet of paper)**

Did your previous pets and/or your current pets receive annual veterinary care? Yes \_\_\_ No \_\_\_

List which areas of volunteering may interest you:

- Foster Care       Adoption Day Assistant     Adoption Day Poster Help       Marketing
- Fundraising       Newsletter       Special Events       Transporting animals to Adoption Days

**I have read the above stated application carefully and certify that the information I have given is accurate and true.**

I will not hold SMARAS responsible, nor seek any compensation for damages, medical fees or other liabilities incurred by Southwest Metro Animal Rescues animals. I understand that any bites or injuries caused by an animal are to be reported immediately to SMARAS.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

SMARAS Representative \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_