

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_____	Who to call in case of an emergency:_____	
Name of Auto Insurance Company:_____		
Policy #_____	Expiration Date:_____	
Name of Agency:_____		
Agency Phone #:_____	Contact Person:_____	

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:

<u>PET #1</u>	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 the pet_____				
<u>PET #2</u>	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_____				
<u>PET #3</u>	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 Southwest Metro Animal Rescue 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 Southwest Metro Animal Rescue.

Print Name _____

Signature _____ Date _____

Representative _____ Date _____

Comments _____
