



VOLUNTEER APPLICATION



Southwest Metro Animal Rescue and Adoption Society

P.O. Box 493, Chaska, Minnesota 55318 • email: swmetroanimalrescue@outlook.com

Phone: 952-368-PAWS (7297) • efax: 952-487-5206 • swmetroanimalrescue.org

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

Name _____ Date _____

Marital Status: ___Single ___Married ___Engaged Name of Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Drivers License _____

Email _____ Who to call in case of an emergency _____

Are you under 21 years of age? ___Yes ___No If yes, what is your age? _____

Name of Auto Insurance Company: _____

Policy #: _____ Expiration Date: _____

Name of Agency: _____

Agency Phone #: _____ Contact Person: _____

What is your occupation? _____

Spouse's occupation _____

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? _____

What things have you done as a volunteer? _____

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

PET #1 ___Dog (___Alpha Dog ___Beta Dog ___Unsure) ___Cat ___Other _____

Spayed/Neutered? ___Yes ___No ___Male ___Female Age ___ Breed _____

Activity level? ___Calm ___Semi-active ___Active

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 _____

PET #2 ___ Dog (___ Alpha Dog ___ Beta Dog ___ Unsure) ___ Cat ___ Other _____
Spayed/Neutered? ___ Yes ___ No ___ Male ___ Female Age ___ Breed _____
Activity level? ___ Calm ___ Semi-active ___ Active
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 _____

PET #3 ___ Dog (___ Alpha Dog ___ Beta Dog ___ Unsure) ___ Cat ___ Other _____
Spayed/Neutered? ___ Yes ___ No ___ Male ___ Female Age ___ Breed _____
Activity level? ___ Calm ___ Semi-active ___ Active
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 _____
(If extra space is needed to list additional pets, use next page.)

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 ___ Other _____

Extra space for any more information.

Please save this form to your computer and email it to swmetroanimalrescue@hotmail.com

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.

Signature _____ Date _____

Spouse's Signature _____ Date _____

SMARAS Representative _____ Date _____

-----OFFICE USE ONLY BELOW THIS LINE-----

Case # _____

SMARAS Representative _____

Comments _____
